



### Application for Change in Study Mode (SGS02)

Notes: Requests for change of study mode should be made at least **two months** in advance. Approval of such requests is subject to the availability of a student quota and the recommendations of the relevant parties.

#### Section A Student's Particulars (please tick as appropriate)

Name: \_\_\_\_\_ Student No.: \_\_\_\_\_ Department/School: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Programme: MPhil/PhD\* Mode of Study: FT/PT\*

Study Period End Date: \_\_\_\_\_ Email: \_\_\_\_\_ Contact No: \_\_\_\_\_

Are you a Hong Kong PhD Fellowship recipient?  No  Yes

#### Section B Details of Application (Please tick as appropriate)

I would like to apply for a change of study mode from:

**Part-time to Full-time effective from** 01 /     / If my application is approved, I would like to  
Day Mon Year apply for a studentship:  Yes  No

**Full-time to Part-time<sup>^</sup> effective from** 01 /     /  
Day Mon Year

<sup>^</sup> Students, who change their study mode from full-time to part-time within the University's normal study period, will be switched to self-financing mode of study. They are required to pay self-financing tuition fee and are not eligible to apply for financial assistance supported by the government fund.

Reason for the application (Please put  in the most appropriate box and attach relevant supporting documents, if any):

- |                                                     |                                                           |
|-----------------------------------------------------|-----------------------------------------------------------|
| a. <input type="checkbox"/> Health reasons          | d. <input type="checkbox"/> Employment reasons            |
| b. <input type="checkbox"/> Heavy academic workload | e. <input type="checkbox"/> Other: (please specify) _____ |
| c. <input type="checkbox"/> Financial hardship      |                                                           |

Please give more details of the reason for the application as indicated above:

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Please give a detailed study plan to support your intention to complete your study within the stipulated study period following the change of study mode.

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Signature of Student

Date

**Please pass this form to your Qualifying Panel for recommendation.**

**Section C Recommendations by the Qualifying Panel (\*Please delete as appropriate)**

Applications for a change from full-time to part-time study mode would only be considered if the student has made good progress in his/her studies and can produce a feasible study plan.

Please comment on: (a) the student's study progress, (b) the study plan detailed under Section B and (c) the student's ability to complete his/her study within the revised (maximum) study period subsequent to the change in study mode.

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The Qualifying Panel supports/does not support\* the application.

Other comments:

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Supervisor/Chair, Qualifying Panel

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Signature

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Date

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Qualifying Panel Member

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Signature

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Date

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Qualifying Panel Member

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Signature

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Date

**Please forward this form to Department Head/SGSC Chair.**

**Section D Comments by the Department Head/SGSC Chair (\*Please delete as appropriate)**

I endorse/do not endorse\* the recommendation of the Qualifying Panel.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please contact: \_\_\_\_\_ (Ext. no) \_\_\_\_\_ in case further information is needed.

\_\_\_\_\_  
Signature of Department Head/SGSC Chair Date

**Please forward this form to the CGSC Chair/School Dean for approval.**

**Section E Decision of the CGSC Chair/School Dean (\* please delete as appropriate)**

*For any queries or additional information, please contact the departmental/school contact person provided above.*

I approve/do not approve\* the above recommendation.

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of CGSC Chair/School Dean Date

**Please return this form to SGS for record.**

**Section F For SGS Use**

Remarks: Previous approval for changes of study mode, if any: \_\_\_\_\_

Revised (maximum) study period end date if application is approved: \_\_\_\_\_

The student is currently receiving/will receive a research tuition scholarship:  yes  no

*For application for change from part-time to full-time study mode with a studentship award:*

Cumulative GPA: \_\_\_\_\_ Any failure grades in the preceding year:  yes  no

Follow-up on approval for paid employment, if any:  yes  NA

Form HKPFS03 completed, (at least six weeks before the proposed change effective date)  yes  NA

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_