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/_____/______
   Day  Mon  Year
If my application is approved, I would like to apply for a studentship:  [ ] Yes  [ ] No

[ ] Full-time to Part-time^ effective from 01/_____/______
   Day  Mon  Year
^ 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.
Notification will be sent to Immigration Department on cease of visa support.

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

a.  [ ] Health reasons
d.  [ ] Employment reasons
b.  [ ] Heavy academic workload
e.  [ ] Other: (please specify) _________________________
c.  [ ] Financial hardship

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

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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.

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Signature of Student ___________________________ Date ___________________________

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

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

Other comments:

___________________________ _____________________
Supervisor/Chair, Qualifying Panel Signature Date

___________________________ _____________________
Qualifying Panel Member Signature Date

___________________________ _____________________
Qualifying Panel Member Signature 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.

Not applicable to EG & SI, as the approval authority has been delegated to Head of Department

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: _______________