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

Notification will be sent to Immigration Department on cease of visa support.

^ 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. □ Health reasons
d. □ Employment reasons

b. □ Heavy academic workload
e. □ Other: (please specify) ____________________________

c. □ Financial hardship

e. □ Other: (please specify) ____________________________

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.
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:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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: __________________

SGS02_Application for Change in Study Mode
1 Jan 2019