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 / __ / ______

- [ ] Full-time to Part-time^ effective from 01 / __ / ______

If my application is approved, I would like to apply for a studentship:  □ Yes  □ No

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  

b.  ☐ Heavy academic workload  

c.  ☐ Financial hardship  

d.  ☐ Employment reasons  

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.

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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 __________________________ 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: _____________________________________________________________________________

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______________________________________________  __________________________________________
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

Cumulative GPA: ___________________________ Any failure grades in the preceding year: □ yes □ no

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

Form HKPFSS03 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