Chow Yei Ching School of Graduate Studies
(Research Degree and Professional Doctorate Programmes)
4/F., Fong Yun-wah Building
Tel No.: 3442-9076 Email: sg@cityu.edu.hk
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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
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.

_____

_____

_____

_____

_____ _____
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.

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: _____