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 apply for a studentship: ☐ Yes ☐ No

☐ Full-time to Part-time^ effective from 01/____/____

^ 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

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:

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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.

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: ___________________________