Leave for Interruption of Studies (SGS05) (for research students only)

Notes:
1. Students seeking to take a long period of leave for non-academic reasons should apply normally one month prior to the start of leave. Students who have been assigned departmental duties are required to make arrangements with the Department before taking leave.
2. Please note that only students who are within their (normal) study period are allowed to apply for study interruption. Applications for study interruption from students who have exceeded the (normal) study period will not be considered except under exceptional circumstances. Moreover, for study interruption applications, only those relating to unexpected circumstances (e.g. health problems, accidents, etc.) that forbid students from continuing with their study for a certain period of time will be considered.
3. Leave for interruption of studies should be taken on a full-calendar-month basis. Approval of such leave will result in an extension of the candidature and in suspension of all financial assistance/awards to the student for the duration of the leave.
4. The accumulated leave period should not normally exceed 12 months.
5. Students are not allowed to register simultaneously in another programme of study in the University or in any other institution without the prior permission of the Chow Yei Ching School of Graduate Studies (SGS). This regulation also applies to students who are interrupting their studies.
6. For mainland students applying for leave, the Immigration Department stipulates that those taking a leave for more than six months should apply for new entry permits when resuming their studies.
7. For Hong Kong PhD Fellowship Scheme recipients, you are also required to complete form HKPFS02 which can be downloaded from http://www.cityu.edu.hk/sgs/rpg/student/ (at least six weeks before the proposed change effective date) if the application period exceeds 30 consecutive days or an aggregate of 30 days in each fellowship year.
8. Students who fail to resume their studies by the stipulated date after interruption of study may have their candidature terminated.
9. Please return the completed form, together with any supporting documents relating to the application, to SGS.

Section A Personal Particulars (*please delete as appropriate)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Student No.:</th>
<th>Department/School:</th>
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</table>

(Normal) Study Period End Date: ____________ Programme: MPhil/PhD* Mode of Study: FT/PT* Contact Phone No.: ____________ Email: ____________

Are you a Hong Kong PhD Fellowship recipient?  
☐ No  ☐ Yes (please see note 7 above)

Section B Details of Leave Application

1. I wish to apply for an interruption of my research study at the University for a period of _____ month(s)
   From / (mm/yyyy) To / (mm/yyyy) (on a full-calendar-month basis) I will resume my study on: 01/ / (dd/mm/yyyy)

2. Reasons for interruption of study [please see Note (2) above]:

3. Contact information during my study interruption period:
   Tel No.: ____________ Fax No: ____________ Email: ____________
   Correspondence Address (Overseas):

4. As prescribed by my supervisor, I would have to take the following course(s) during the proposed period of study interruption. I understand that if the leave application is approved, I need to contact SGS for alternative coursework arrangements (e.g. drop the course(s), arrange to take the course(s) at a later time, etc.) if the coursework will be affected by my leave:

<table>
<thead>
<tr>
<th>Semester/Academic Year</th>
<th>Course Code</th>
<th>Course Title</th>
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<tbody>
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5. Arrangement for departmental duties, if applicable, during my proposed period of interruption (applies to studentship recipients only) (Please tick as appropriate)

☐ Not applicable
☐ I have made proper arrangement for departmental duties during my period of study interruption. Detailed arrangements are given below:

________________________________________________________________________

________________________________________________________________________

Student’s Signature: ___________________________________ Date: ______________________

Section C Recommendation of the Supervisor (*please delete as appropriate)

I recommend/do not recommend* acceptance of the student’s application for interruption of study.

Remarks: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name ______________________ Signature ______________________ Date: __________

Section D Endorsement of the Department Head/SGSC Chair (*please delete as appropriate)

Please note only students who are within their (normal) study period are allowed to apply for study interruption, and the accumulated leave period should not normally exceed 12 months. Applications resulting in a cumulative period of study interruption not exceeding 12 months can be approved by the Department.

I understand that the student has previously been approved for a total of _____ months of study interruption (please refer to RDSS for information) and the cumulative period of study interruption, including the proposed leave period in this application, will/will not* exceed 12 months.

I approve/do not approve* the supervisor’s recommendation.

☐ I confirm that the student has made proper arrangements for his/her departmental duties during the leave period. (please tick as appropriate)

Remarks: ________________________________________________________________

Please contact: __________________________________ (Ext. no) __________ in case further information is needed.

Signature of Department Head/SGSC Chair ______________________ Date: __________

Please forward the form to the CGSC Chair/School Dean for endorsement or to SGS for record.

Section E Recommendation 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.

The College/School’s approval is needed if this application results in a cumulative period of study interruption exceeding 12 months.

I approve/do not approve* the above recommendation.

Remarks: ________________________________________________________________

________________________________________________________________________

Signature of CGSC Chair/School Dean ______________________ Date: __________

For Office Use: Follow-up on coursework arrangements: ☐ Yes ☐ NA

Update IM hold in Banner to one week after resumption date and reason as “Effective date falls in period”: ☐ yes ☐ NA

Checked by: __________ Date: __________