

Application for Leave of Absence Due to Health Reasons (SGS21) (for research students only)

Notes:

1. Full-time students may take leave for health reasons. Students should inform their research supervisors immediately about their leave, complete the application procedures and obtain endorsement/approval from relevant authorities.
2. The approved leave period specified below will be counted towards the study period and financial awards (if any) will not be affected during the leave period:
 - For leave period 2 days or less, students should inform his/her Supervisor immediately for approval.
 - For leave period between 3 and 7 days, students are required to attach medical certificate(s) from a registered medical practitioner to Supervisor for approval.
 - For leave period between 8 and 21 days, students are required to attach medical certificate(s) from a registered medical practitioner to Supervisor for endorsement and School Dean/Department Head for approval.
3. For leave period more than 21 days, students should apply for Study Interruption and submit application for *Leave for Interruption of Studies* (SGS05) with medical certificate from a registered medical practitioner to Supervisor for endorsement and School Dean/Department Head for approval.
4. Students who fail to resume their studies by the stipulated date after leave of absence due to health reasons may have their studentship suspended (if applicable) and candidature terminated.

Section A Personal Particulars (*please delete as appropriate)

Name: _____ Student No.: _____ Department/School: _____
 (Normal) Study Period End Date: _____ Programme: MPhil/PhD* Mode of Study: FT/PT*
 Contact Phone No.: _____ Email: _____

Section B Details of Leave Application

1. I wish to apply for leave due to health reasons for a period of _____ day(s)

From _____ To _____
 (dd/mm/yyyy) (dd/mm/yyyy)

2. Reasons [with medical certificate attached for 3 days or more]: _____

3. Arrangement for Teaching Assistant assignment/departmental duties, if applicable, during my period of leave
 (Please tick as appropriate)

Not applicable

I have notified my course teaching supervisor and School/Department of my leave and have made proper arrangement for Teaching Assistant assignment/departmental duties during my period of leave. Detailed arrangements are given below:

Student's Signature: _____ Date: _____

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

Please note that research supervisor has the authority to approve application for leave due to health reasons between 1 to 7 days. Applications for leave due to health reasons between 8 and 21 days require approval from School Dean/Department Head.

I endorse/do not endorse* the student’s application for leave due to health reasons.

Remarks: _____

Name Signature Date

**Forward this form to School Dean/Department Head for approval (if applicable) or
Forward this form to Departmental Administrative Staff for record purposes**

Section D Endorsement of the School Dean/Department Head (*please delete as appropriate)

Please note that applications for leave due to health reasons between 8 and 21 days require approval from School Dean/Department Head. For applications exceeding 21 days, students should submit an application for Study Interruption (monthly basis). School/Department is required to inform the teaching supervisor(s) and re-arrange relevant departmental duties if the student concerned has been assigned to take up Teaching Assistant assignment/departmental duties.

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

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

Remarks: _____

Signature of School Dean/Department Head Date

School/Department should retain this form for record purposes

**Guidelines on Leave of Absence Due to Health Reasons For
Full-time Research Degree Students**

1. Students may take leave for health reasons. They should inform their research supervisors immediately about their leave, complete the application procedures and obtain endorsement/approval from relevant authorities, as stipulated below:

Number of Leave Days (in calendar day)	2 days or less	Between 3 and 7 days	Between 8 and 21 days	More than 21 days
Application Procedures and Endorsement/ Approval Authority	Student should inform his/her Supervisor immediately for approval.	Complete and submit application form with medical certificate from a registered medical practitioner to Supervisor for approval.	Complete and submit application form with medical certificate from a registered medical practitioner to Supervisor for endorsement, and Department Head for approval.	Submit application for “Study Interruption” with medical certificate from a registered medical practitioner to Supervisor for endorsement and Department Head for approval.
Study Period	The leave period will be counted towards the study period			Please refer to “Study Interruption” (SGS05)
Financial Awards	Award not be affected			

2. If the period of leave is expected to be long-term or repeated short-term which will significantly affect the study progress, students will be advised to take “Study Interruption”. For leave exceeding 21 calendar days, students are required to apply for “Study Interruption” on a full month basis.
3. Department is required to inform the teaching supervisor and re-arrange relevant departmental duties if the student concerned has been assigned to take up Teaching Assistant assignments/departmental duties.
4. The above guidelines are also applicable to research students under the Joint PhD collaboration schemes when they study in CityU main campus or designated study locations.