



香港城市大學  
City University of Hong Kong

Chow Yei Ching School of Graduate Studies  
Research Degree and Professional Doctorate Programmes  
4/F, Fong Yun-wah Building, Tat Chee Avenue, Kowloon, Hong Kong  
Tel No. +852 3442 9076 Email sg@cityu.edu.hk  
Fax No. +852 3442 0332 Website www.cityu.edu.hk/sgs

## Application for Reduced Study Load (SGS56) (for Full-time Professional Doctorate Students Only)

Notes:

1. According to the Academic Regulations of the University, full-time students must register for courses totalling at least 12 credit units per semester. Those who wish to register for courses with less than a total of 12 credit units per semester must apply to their department/school for special permission.
2. Applications must be made before the end of the course add/drop period of the relevant semester for which a reduced study load is sought.

### Section A Student's Particulars

Student Name: \_\_\_\_\_ Student No.: \_\_\_\_\_

Programme: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

Year of Study: \_\_\_\_\_

### Section B Details of the Application

1. The relevant semester in which you wish to apply for a reduced study load:

\_\_\_\_\_

2. Please state the course(s) you wish to take in the above-mentioned semester:

Course Code	Course Title	Credit Units
Total:		

3. Please state your reason(s) for taking a reduced study load:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Please pass the form to SGS for processing.**

**Section C Recommendation by the Supervisor/Programme Leader** (*\*Please delete as appropriate*)

I support/do not support\* the application.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Please pass the form to the Department Head/School Dean for approval.**

**Section D Decision by Department Head/School Dean** (*\*Please delete as appropriate*)

I approve/do not approve\* the recommendation of the supervisor/programme leader.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Department Head/School Dean

\_\_\_\_\_  
Date

**Please return the form to SGS**