



香港城市大學
City University of Hong Kong

Chow Yei Ching School of Graduate Studies
Research Degree and Professional Doctorate Programmes
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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 / / If my application is approved, I would like
Day Mon Year to apply for a studentship: Yes No

Full-time to Part-time[^] effective from 01 / / Notification will be sent to Immigration
Day Mon Year 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 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. Not applicable to EG & SI, as the approval authority has been delegated to Head of Department

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: _____