

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

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.
- 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 sity 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) | | |
|---------------------------------|---|-------------------------|-----------------------------|----------------------------------|
| Name: | | Student No.: | Department/ | School: |
| (Normal) Study Period End Date: | | Programme: <u>MPhi</u> | <u>l/PhD*</u> Mode of Stu | dy: <u>FT/PT*</u> |
| Contact Pho | one No.: | Email: | | |
| Are you a H | long Kong PhD Fellowship recipient? | No 🗌 | Yes (please see note 7 abov | ve) |
| Section B | Details of Leave Application | | | |
| 1. I wish to | apply for an interruption of my researc | ch study at the Univers | ity for a period of m | ionth(s) |
| From | n/To/(on a full (mm/yyyy) (mm/yyyy) | l-calendar-month basis) | I will resume my study | on: <u>01/ /</u> (dd/mm/yyyy) |
| 2. Reasons | for interruption of study [please see Not | te (2) above]: | | |
| | | | | |
| | | | | |
| 3. Contact i | nformation during my study interruptio | n period: | | |
| Tel No.: | Fax No: | Email: | | |
| Correspo | ondence 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: |

| Semester/Academic Year | Course Code | Course Title | |
|-----------------------------------|--|---|--|
| | | | |
| | | | |
| studentship recipients only) (Ple | angement for dep | opriate) | poposed period of interruption (applies to g my period of study interruption. Detailed |
| Student's Signature: | | Dat | te: |
| Section C Recommendation of | the Supervisor | (*please delete as app | ropriate) |
| [recommend/do not recommend* | - | | |
| | - | | |
| Remarks: | | | |
| | | Signature | Date |
| Remarks: | Department Hea | Signature ad/SGSC Chair (*plea | Date |
| Remarks: | Department Hee n their (normal) st d 12 months. Appl | Signature ad/SGSC Chair (*plea udy period are allowed to | Date |
| Remarks: | Department Hes n their (normal) st d 12 months. Appl write the state of the stat | Signature ad/SGSC Chair (*plea udy period are allowed to ications resulting in a cu | Date Date Date o apply for study interruption, and the accumulated |
| Remarks: | Department Hes n their (normal) st d 12 months. Appl rtment. eviously been app cumulative perioo 2 months. | Signature ad/SGSC Chair (*plea udy period are allowed to ications resulting in a cu proved for a total of d of study interruption | Date Date Date mulative period of study interruption, and the accumulated mulative period of study interruption (please refe |
| Remarks: | Department Hez n their (normal) st d 12 months. Appl rrtment. eviously been app cumulative perio 2 months. | Signature ad/SGSC Chair (*plea udy period are allowed to ications resulting in a cu proved for a total of d of study interruption endation. | Date Date Date mulative period of study interruption, and the accumulated mulative period of study interruption (please refe |
| Remarks: | Department Hes n their (normal) st d 12 months. Appl rtment. eviously been app cumulative period 2 months. evisor's recomme made proper arm | Signature ad/SGSC Chair (*plea udy period are allowed to ications resulting in a cu proved for a total of d of study interruption endation. rangements for his/her | Date Date Date Date Date Date Date Date |
| Remarks: | Department Hea n their (normal) st d 12 months. Appl rrtment. eviously been app cumulative period 2 months. evisor's recomme made proper art | Signature ad/SGSC Chair (*plea udy period are allowed to ications resulting in a cu proved for a total of d of study interruption endation. rangements for his/her | Date Date Date Date Date Date Date Date |

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: See 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: | | | | | | |

SGS05_Leave for Interruption of Studies (for research students only) 1 Jan $2\bar{0}18$