Application for Leave from Study
( for Undergraduate Students )

Notes
1. Application for Leave from Study should be made by student prior to the beginning of a regular term, in which the leave from study status will become effective. Under exceptional circumstances, such as health issues, the leave period can commence at other times.
2. Request for Leave from Study requires approval of the relevant Dean, the Dean’s Designate or the Director of IPO. Leave from Study cumulating to more than one academic year will normally not be considered.
3. Application for Leave in the current term within two weeks prior to the commencement of the final examination period will normally not be accepted.
4. Approved Leave from Study of a complete regular term will not count towards the time limit on program completion.
5. Tuition fee paid for the term for which Leave from Study is approved is not refundable or transferable.

Application Procedures
1. Undergraduate students who wish to take Leave from Study should complete Sections I & II below, and submit the form with appropriate supporting documents to the program department for approval.
2. Students will be notified of the result of the application by ARR.

I. Student Particulars

Student Name : ___________________________ Student No. : ___________ ___________ ___________ ___________
(In English)
Program of Study : ______________________ Year of Study : ___________
Contact Phone No. : ______________________

II. Application Details

Period of Leave from Study :
From ______________________ Term, 20___ - 20___
To ______________________ Term, 20___ - 20___

Expected Time of Resumption of Study :
________________________________ Term, 20___ - 20___

Reason for Leave from Study [please tick as appropriate]

☐ a. Employment
☐ b. Financial hardship (please approach SFAO for assistance if necessary)
☐ c. Health (medical certificate enclosed, if any)
☐ d. Heavy academic workload
☐ e. Join internship or co-op program
☐ f. Join visiting program abroad (Name of University : _____________________________)
☐ g. Others (please specify) : ____________________________________________________
Have you previously been granted Leave from Study?  

☐ YES  ☐ NO

If yes, please state the leave period:

I declare that all the information given above is true and correct to the best of my knowledge.

Signature of Student  
Date

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**Personal Information Collection Statement**

i) The personal data provided in this form will be used for checking of records and processing this application only. It is obligatory for you to supply the required data on this form. Your application may be delayed or may not be considered if the data submitted are incomplete.

ii) The personal data collected may be provided to major departments/schools, or relevant administrative offices for the above mentioned purposes.

iii) For access or correction of the personal data after submission of this form, please contact the Academic Registrar (email: proreg@ust.hk, Office address: Academic Records and Registration, Academic Registry, Room 1381, Academic Building, HKUST). For the University’s Privacy Policy, please refer to http://www.ust.hk/privacy-policy.

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**III. Decision of Program Department**

The application is ☐ approved ☐ not approved

Effective Date of Leave: _____________________  
Year of Study upon Return: ☐

Signature of UG Coordinator / Program Director  
Name  
Date

[Please pass this Form to the Dean’s office for endorsement if the period of leave from study is for two or more consecutive terms.]

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**IV. Endorsement of Dean’s Office**

I ☐ endorse ☐ do not endorse the application as approved by the Program Department in Section III.

Signature of Dean / Dean’s Designate  
Name  
Date

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**V. Academic Records and Registration Use Only**

Study to be Resumed in: _____________________

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<tr>
<th>Result Received On</th>
<th>Student Notified</th>
<th>Computer Record Updated</th>
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<td>by</td>
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Remarks: