



THE HONG KONG UNIVERSITY OF SCIENCE & TECHNOLOGY
Academic Records and Registration, Academic Registry
Application for Leave from Study
(for Postgraduate Students)

Notes

- 1. Application for Leave from Study should be made by student prior to the beginning of a regular term...
2. Request for Leave from Study for one regular term requires approval by the program department...
3. Application for Leave in the current term submitted within two weeks prior to the commencement of the final examination period...
4. The period of Leave from Study will 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.
6. Upon resumption of study after the approved leave period, a student must be officially registered in the program in the term when he/she is considered for graduation from that program.

Application Procedures

- 1. Postgraduate 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 : [ ] Academic Load : [ ] FT [ ] PT
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

**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: [progreg@ust.hk](mailto:progreg@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>.

**III. Decision of Program Department**

The application is  approved  not approved

Effective Date of Leave : \_\_\_\_\_ Year of Study upon Return :

**A student will normally resume study automatically after the Leave from Study period subject to the academic regulations governing postgraduate studies. If this student must, at the end of the approved Leave period, fulfill the academic conditions set by program department before he/she is allowed to resume study, please check this box  and complete the 'Remarks' section below.**

Remarks : Program department may specify **academic conditions** that must be met by the student at the end of the approved Leave period. The student will only be allowed to resume study when the department confirms with ARR that the conditions are satisfactorily met. The conditions stated below will be included in the approval letter for Leave from Study to the student.

\_\_\_\_\_  
Signature of PG 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.]*

**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

*[Application for Leave from Study for more than two consecutive terms should be directed to the Office of Postgraduate Studies for approval, together with detailed justifications and relevant supporting documents, a study plan on resumption of study showing that the student can complete the program within the maximum period allowed, and a copy of the student's transcript.]*

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

Study to be Resumed in : \_\_\_\_\_

Result Received On	Student Notified		Computer Record Updated	
	by	on	by	on