a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA
Graduate and Postdoctoral Studies
WWW.GRAD.UBC.CA
170-6371 CRESCENT ROAD
VANCOUVER, BC, CANADA V6T 1Z2
TEL: 604.822.2848
FAX: 604.822.5802

TRANSFER BETWEEN RELATED MASTER'S GRADUATE PROGRAMS

STUDENT INFORMATION:		**Student Number:**
Given Name:	**Family Name:**	
Email:	**Degree (e.g. MA, MSc):**	**Program:**

Please transfer student from _____ (degree) in _____ (program) to _____ (degree) in _____ (program)

Transfer requested from: ☐ **September 1, 20** ☐ **January 1, 20** ☐ **May 1, 20**

Students must be in good financial standing to be transferred. They may not be on financial hold due to unpaid tuition fees.

The date of transfer must correspond to the beginning of a term. Transfers cannot normally be retroactive.

Please see http://www.grad.ubc.ca/faculty-staff/policies-procedures/transfer-between-closely-related-masters-programs for information on transfers between related master's graduate programs.

Transfers between closely related master's programs are permitted with an academic justification from the new Graduate Program Advisor.

NOTE: Transfers may have implications for student funding. Please discuss with student before recommending a transfer.

Does student hold any awards? ☐ **Yes** ☐ **No**

Please attach or email ALL of the following:

☐ **Copy of the student's original request for transfer**

☐ **Recommendation and academic justification <u>from the student's proposed new graduate program</u>**

Transfers between programs involving a change of discipline must be treated as new admissions.

Student's Endorsement:

Signature	Name (please print)	Program	Date (yyyy/mm/dd)

Approval of Student's Supervisor:

Signature	Name (please print)	Program	Date (yyyy/mm/dd)

Approval of Current Graduate Advisor or Head of the Graduate Program:

Signature	Name (must be different from above)	Program	Date (yyyy/mm/dd)

Approval of New Graduate Advisor (if different from above):

Signature	Name (Please Print)	Program	Date (yyyy/mm/dd)

Graduate Studies use only:

Date of Approval	Signature of Director of Student Academic Services