



## 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 \_\_\_\_\_ in \_\_\_\_\_ to \_\_\_\_\_ in \_\_\_\_\_  
degree program degree 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 from the student's proposed new graduate program

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