a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA
Graduate and Postdoctoral Studies
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TRANSFER FROM MASTER'S TO DOCTORAL GRADUATE PROGRAM

STUDENT INFORMATION:	**Student Number:**
Given Name:	**Family Name:**
Address: PLEASE ENSURE ADDRESS IN THE SSC IS CURRENT.	
Email:	**Degree (e.g. PhD):** / **Program:**

Please transfer student from _____ (master's degree) in _____ (program)

to _____ (doctoral degree) in _____ (program)

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

NOTE: Students must be in good financial standing in order to be transferred, i.e. they may not be on financial hold due to outstanding 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-masters-doctoral-programs for information on transfers from a master's degree to a doctoral degree without completing master's requirements.

Transfer requirements met:

- ☐ **Student holds a bachelor's degree**
- ☐ **Student has completed a minimum of one year (3 terms) of study in the master's program, and no more than 2 years**
- ☐ **Student has completed 9 credits at the 500 level or above with a minimum of first class (80%) standing**
- ☐ **Student shows clear evidence of research ability**

Reminder: The Faculty of Graduate and Postdoctoral Studies closely monitors the progress of doctoral students. Please ensure the supervisory committee meets/will meet all UBC requirements. See http://www.grad.ubc.ca/faculty-staff/policies-procedures/supervision

By signing below, we confirm that we understand that:

The start of the doctoral program will be the date of initial registration in the master's program**, and the student will be expected to reach candidacy within 36 months from the date of initial registration in the master's program.**

Student's Endorsement:

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

We affirm that all members of the student's supervisory committee, if one exists, are in agreement with this transfer.

Approval of Research Supervisor:

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

Approval of Graduate Advisor or Head of the Graduate Program:

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

Graduate Studies use only:

Date of Approval _____ Signature of G+PS Clerk _____