



## TRANSFER BETWEEN RELATED PHD GRADUATE PROGRAMS

### STUDENT INFORMATION:

		Student Number:	
Given Name:		Family Name:	
Email:		Current Program:	
Please transfer student from _____ in _____ to _____ in _____ <small style="margin-left: 100px;">degree</small> <small style="margin-left: 100px;">program</small> <small style="margin-left: 100px;">degree</small> <small style="margin-left: 100px;">program</small>			
Transfer requested from: <input type="checkbox"/> September 1, 20 <input type="checkbox"/> January 1, 20 <input type="checkbox"/> 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.

Transfers between closely related PhD programs are permitted with the full agreement of both programs and 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

Program start date:	
Is student expected to reach candidacy within 36 months of original start date?	
If not, expected date to reach candidacy:	
Current program:	Proposed program:
Current supervisor:	Proposed supervisor:

### 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 Research Supervisor:

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

### Approval of Current Graduate Advisor:

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

### Approval of New Graduate Advisor or Head of New Graduate Program

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

Faculty of Graduate Studies use only:	Date of Approval	Signature of Director of Student Academic Services
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