



## TRANSFER FROM DOCTORAL TO MASTER'S GRADUATE PROGRAM

### STUDENT INFORMATION:

Student Number:	
Given Name:	Family Name:
Email:	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. Ideally, the transfer is initiated early in the student's doctoral program.

Please see <https://www.grad.ubc.ca/faculty-staff/policies-procedures/transfer-doctoral-masters-programs> for information on transfers from doctoral to master's degree programs.

Transfers from a doctoral program to a master's program are permitted if the transfer is appropriate for the student's personal or professional goals. Transfer requires the full agreement of both student and graduate program.

**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 from the graduate program, with reasons

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 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)

<b>Graduate Studies use only:</b>	
_____ Date of Approval	_____ Signature of Director of Student Academic Services