



To be completed for transfers from one program to another or one department to another.


Name _____ Student Number _____

Student Signature _____ Date _____

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TRANSFER FROM:


Department _____ Program _____ Part-time Full-time

Degree POST Code:  _____

Signature of Graduate Coordinator _____ Date _____
(of the department that the student is transferring from)

TRANSFER TO:

Department _____ Program _____ Part-time Full-time

Degree POST Code:  _____

Is the student continuing in the same collaborative program or field of study?

- Yes (Subject POST Code(s): _____)
 No

Effective Session of Transfer: Sept. 20__ Jan. 20__ May 20__

Year of Study and all previous and current courses (unless noted below) will be carried in the transfer (i.e., the programs will be considered "continuous"). If the year of study should be restarted or all previous courses are to be excluded, then the student should be admitted to the new program rather than transferred.

Exclude these courses:

COURSE	SESSION	COURSE	SESSION
_____	_____	_____	_____
_____	_____	_____	_____

Type of Transfer: Masters to PhD
 PhD to Masters (SGS approval required)
 Other (please specify) _____

Signature of Graduate Coordinator _____ Date _____
(of the department that the student is transferring to)

Signature of Vice Dean _____ Date _____
(for transfers from PhD to Masters)