

**MSc to PhD Reclassification Meeting**  
(reclassification can not take place after the 5<sup>th</sup> term of enrollment as a MSc student)

**Student Name:** \_\_\_\_\_

**Date of Meeting:** \_\_\_\_\_

**Initial Term of Enrollment:** ☐ Fall 20\_\_\_\_ ☐ Winter 20\_\_\_\_ ☐ Summer 20\_\_\_\_

**Current Term of Enrollment (e.g. 2<sup>nd</sup> term, 3<sup>rd</sup> term etc.):** \_\_\_\_\_ term

**Description of: (1) PhD Proposal**  
**(2) Student's Performance in Defense of Proposal**

**Recommendations:****Action Plan for PhD Research:**

**Anticipated Date for Next Meeting (month/year):** \_\_\_\_\_

**We agree with the PhD proposal, recommendations, and action plan for student name:** \_\_\_\_\_  
**and recommend him/her for transfer to the PhD program.**

_____ Supervisor (please print legibly)	_____ Supervisor (signature)	
_____ Co or Joint Supervisor (please print legibly)	_____ Co or Joint Supervisor (signature)	
_____ Graduate Executive Member (please print legibly)	_____ Supervisor (signature)	
_____ Student (please print legibly)	_____ Student (signature)	
_____ Advisor No. 1 (please print legibly)	_____ Home Dept.	_____ Signature
_____ Advisor No. 2 (please print legibly)	_____ Home Dept.	_____ Signature
_____ Advisor No. 3 (please print legibly)	_____ Home Dept.	_____ Signature

**Please Note:** the completed form with signatures must be submitted to the Medical Biophysics Graduate Office, Room 407, Medical Sciences Bldg., Western Campus, within 24 hours of the meeting.