

## Request for Transfer from Master's to Doctoral Degree

Student Name:			Student Number:	
Address:				
City:				
Province:	Postal Code:			
Graduate Program:				
Current Registration:	Part-Time	Full-Time		
Term change is to be e	effective:			
Reason for request to t	ransfer to doctoral de	egree:		
We recommend submit upcoming term to ensu			r at least FIVE WEEKS before the star	t of the
The School of Graduat	e and Postdoctoral S	tudies will not	ify the student and graduate program i	n writing
of any decision.				
Student Signature		Date	Supervisor Signature	Date
Graduate Chair Signate	ure	Date	Vice-Provost of SGPS	Date

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