



## *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 effective:

Reason for request to transfer to doctoral degree:

We recommend submitting the request for degree transfer at least **FIVE WEEKS** before the start of the upcoming term to ensure correct registration.

The School of Graduate and Postdoctoral Studies will notify the student and graduate program in writing of any decision.

Student Signature

Date

Supervisor Signature

Date

Graduate Chair Signature

Date

Vice-Provost of SGPS

Date

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