GRADUATE PROGRAM IN PHYSIOLOGY AND PHARMACOLOGY

MSc to PhD TRANSFER RECOMMENDATION

(To be completed by GSR and forwarded to Olga Krougly)

Name of Student: _____ **ID#:** _____

Supervisor(s): _____ **MSc Program Start Date:** _____

Title of Research Project: _____

_____

Transfer to PhD: **Jan** _____ (*Year*) **May** _____ (*Year*) **Sept** _____ (*Year*)

At the Graduate Advisory Committee meeting held on _____, the committee advisors recommended that the above student be transferred to the PhD program. This recommendation is based on the candidate's good academic standing, clearly demonstrated research ability at the doctoral level, and appropriate progress in course and experimental work to-date.

Additional Comments:

Advisory Committee Approval

GSR:

_____	_____	_____
Name	*Signature*	*Date*

Supervisor(s):

_____	_____
Name	*Signature*
_____	_____
Name	*Signature*

Committee Members:

_____	_____
Name	*Signature*
_____	_____
Name	*Signature*
_____	_____
Name	*Signature*
_____	_____
Name	*Signature*