

GRADUATE PROGRAM IN PHYSIOLOGY AND PHARMACOLOGY

MSc to PhD TRANSFER RECOMMENDATION

(To be completed by GSR and forwarded to Susan McMillan)

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

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

Title of Research Project: _____

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