

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 master's degree:					

This request must be submitted by the appropriate deadline; for changes effective <u>Fall term: August 1st;</u> <u>Winter term: December 1st; Summer term: April 1st</u>. The Faculty of Graduate Studies will notify the student and graduate program in writing of any decision.

Student Signature	Date	Supervisor Signature	Date
Graduate Chair Signature	Date	Dean of Graduate Studies	Date

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