



## *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:

This request must be submitted by the appropriate deadline; for changes effective Fall term: August 1st;  
Winter term: December 1st; Summer term: April 1st.

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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