

The College of Graduate Studies Okanagan Campus EME2121 Tel: 250.807.8772

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TRANSFER FROM DOCTORAL TO MASTER'S GRADUATE PROGRAM

| STUDENT INFORMATION: Given Name: | | | Student Number: Family Name: | | | | |
|---|-------------------------|-------------------|------------------------------|---------------|-----------------------|--------------------------|--|
| | | | | | | | |
| Please transfer student from | in | | to | | in | | |
| | degree | program | | degree | pr | ogram | |
| Transfer requested from: | September 1, 20 |) | January 1 | ., 20 | ☐ May | 1, 20 | |
| NOTE: Students must be in good | d financial standing i | n order to be | e transferred, | i.e. they i | may not be on | financial hold due to | |
| The date of transfer must corre nitiated early in the student's o | • | ng of a term | . Transfers sh | ould not l | be retroactive. | Ideally, the transfer is | |
| Please see our <u>Graduate Policy a</u> Fransfers from a doctoral progra or professional goals. Transfer re | am to a master's prog | ram are perr | nitted if the t | ransfer is | appropriate for | | |
| Please attach or email ALL of the fo | ollowing: | | | | | | |
| Copy of the student's origin | nal request for transfo | er | | | | | |
| Graduate program recomm | endation with reaso | ns | | | | | |
| Fransfers between programs in Fransfers from doctoral to mast | | - | | | | se be aware that | |
| Student's Endorsement | : | | | | | | |
| Signature | Name (please pi | rint) | | Program | | Date (yyyy/mm/dd) | |
| Approval of Research Su | ipervisor: | | | | | | |
| Signature | Name (please pi | rint) | | Program | | Date (yyyy/mm/dd) | |
| Approval of Graduate P | rogram Coordina | itor: | | | | | |
| Signature (must be different from above) | Name (must be | different from ab | ove) | Program | | Date (yyyy/mm/dd) | |
| Graduate Studies use only: | | | | | | | |
| | Date of Approva | al | Signa | ature of Dean | , College of Graduate | Studies | |