



Transfer From Master's To Doctoral Graduate Program

STUDENT INFORMATION:		Student Number:	
First Name:		Last Name:	
Address:			
Address:		City:	
Prov/State:	Postal Code:	Country:	
Email:		Telephone:	
Degree: (e.g. PhD, MA)		Graduate Program Name:	

Please transfer student from	_____	to	_____	in	_____
	master's degree		doctoral degree		program
Transfer requested from:	<input type="checkbox"/> September 1, 20____		<input type="checkbox"/> January 1, 20__		<input type="checkbox"/> May 1, 20____

The date of transfer must correspond to the beginning of a term. Transfers cannot be retroactive.

Please see <http://www.grad.ubc.ca/faculty-staff/policies-procedures/transfer-masters-doctoral-programs> for information on transfers from a master's degree to a doctoral degree without completing master's requirements.

Transfer requirements met:

- Student has completed three terms of study in the master's program, and no more than five terms (transfer is not being permitted after the completion of the second year)
- Student has completed 12 credits with a minimum 80% average
- Nine of the 12 credits are 500-level courses
- Nine of the 12 credits received grades of 80% or better
- Student shows clear evidence of research ability
- Memo providing the program's rationale for the request is attached

Please note that this form will not be processed for students who have outstanding fees

Student's Endorsement

Signature	Name (Please Print)	Program	Date (yyyy/mm/dd)
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Approval of Graduate Program Coordinator:

Signature	Name (Please Print)	Program	Date (yyyy/mm/dd)
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Approval of Student's Research Supervisor:

Signature	Name (Please Print)	Program	Date (yyyy/mm/dd)
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College of Graduate Studies use only:	
Date of Approval	Signature of Dean, College of Graduate Studies