The College of Graduate Studies Okanagan Campus EME2121 Tel: 250.807.8772

Email: gradask.ok@ubc.ca

Transfer Between Related PhD Graduate Programs

First Name:		Last Name:	
Email:		Student Number:	
Please transfer student from	in	to	in
	degree p	rogram degree	program
Transfer requested from:	September 1, 20	☐ January 1, 20	May 1, 20
OTE:			
• Students must be in good fi tuition fees.	nancial standing in order to	be transferred, i.e. they may not be	on financial hold due to outstandir
The date of transfer must co	orrespond to the beginning o	of a term.	
Transfers cannot be retroact	tive.		
	elated PhD programs are pe Graduate Program Coordinat	rmitted with the full agreement of k or.	ooth programs and an academic
Program start date:			
Is student expected to reach ca	andidacy within 36 month	s of original start date?	
If not, expected date to reach (candidacy:		
Current program:	Proposed program:		
Current supervisor:		Proposed supervisor:	
From Graduate Program: Reason	on for recommending tran	nsfer:	
Copy of the student's original ransfers between programs involved Approval of Student's Reseasing Signature Approval of Current Gradua	olving a change of discipling a change of discipling arch Supervisor: Name	rtached. ne must be treated as new admis	Date (yyyy/mm/dd)
Approval of Current Gradua			
Signature Approval of New Graduate (Name Coordinator or Head of	Program New Graduate Program	Date (yyyy/mm/dd)
Signature	Name	Program	Date (yyyy/mm/dd)
College of Graduate Studies us	e only:		
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