



TRANSFER FROM A THESIS-BASED MASTER'S DEGREE TO A PH.D. PROGRAM (FAST TRACK)

Academic units are expected to reserve this option for only those students with demonstrated superior scholarly performance at the undergraduate and graduate levels. The request is to be vetted through the appropriate graduate committee in the academic unit and the recommendation is to be made by the Head (or Dean as appropriate). Only after an academic unit is satisfied that a prospective Ph.D. student has demonstrated a standard of excellence in study and research consistent with the requirements for the degree will a recommendation be forwarded to the Dean of FGSR. A request is to be made at least one month prior to the start of the semester from which the change is to be effective. Normally, all coursework and thesis hours completed in the Master's will be transferred to the PhD program. This form is NOT for students seeking to change to a different academic unit. In this case, a student must submit a new application and pay the associated fee.

STUDENT INFORMATION form with fields for Last or Family Name, First Name, Middle Initial, Uof R Student Number, Email, Home Phone, Cell Phone, Business Phone, Program, Major, Route.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REQUEST

Semester the Transfer is to be effective:

Table with 3 columns: Semester, Year, and empty cell. Rows: Fall (Sept. - Dec.) 20, Winter (Jan. - Apr) 20, Spring/Summer (May - Aug.) 20

The following conditions are to be met before a transfer request will be considered:

- Four checkbox conditions regarding the timing of the request, academic performance, research progress, and the proposed Ph.D. research topic.

\* Please attach a copy of the research report written by the student and a memo from the department head or program chair outlining how the student has met all of these requirements

FOR ACADEMIC UNIT USE ONLY: Please list any courses that are NOT to be transferred to the PhD program

Large empty rectangular box for listing courses not to be transferred.

APPROVAL				
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Supervisor's Printed Name (if applicable):	Supervisor's Signature:	Date:
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Graduate Coordinator's Printed Name:	Graduate Coordinator's Signature:	Date:
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Associate Dean's Printed Name:	Associate Dean's Signature:	Date:
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	FGSR Associate Dean's Signature:	Date:	
Comments:				
FOR FGSR OFFICE USE ONLY				
GS Route Fee (GPRC) assessed:				
Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Date:	Initials:	

Revised October 2024