



REQUEST FOR TRANSFER WITHIN A GRADUATE PROGRAM

If a student wishes to change program routes (thesis, project, practicum, course, internship, co-op), 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. 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

| | | | |
|---------------------|-------------|----------------|----------------------|
| Last or Family Name | First Name | Middle Initial | Uof R Student Number |
| Email: | | | |
| Home Phone: | Cell Phone: | | Business Phone: |
| Program: | Major: | Route: | |

REQUEST

Semester you wish the Transfer to be effective:

| | | | |
|--------------------------|----------------------------|----|--|
| <input type="checkbox"/> | Fall (Sept. – Dec.) | 20 | |
| <input type="checkbox"/> | Winter (Jan. – Apr) | 20 | |
| <input type="checkbox"/> | Spring/Summer (May – Aug.) | 20 | |

Select one of the following types of transfer:

| | | | |
|--------------------------|---|-------|-----|
| <input type="checkbox"/> | Program Route (e.g. from thesis to project) | From: | To: |
| <input type="checkbox"/> | Ph.D. to Master's | From: | To: |
| <input type="checkbox"/> | Master's to Certificate | From: | To: |

Rationale for transfer request (from student)

Student Signature: _____ Date: _____

FOR ACADEMIC UNIT USE ONLY: Courses that transfer to new program

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

