Permission to Proceed to Transfer Exam Form

***This form must be submitted to the Graduate Administrator with your report and GAC evaluation form following your meeting where permission to transfer from the MSc to the PhD was discussed.*** *If the request is approved, the Transfer Examination must take place within 18-24 months from the start of the MSc. The transfer from MSc to PhD will be effective at the next registration date.*

|  |  |
| --- | --- |
| Student Name: | Student Number: |
| Name of Supervisor: | Name of Co-Supervisor (if applicable): |
| Proposed Date and Time of Seminar and Transfer Exam: | Proposed Location of Transfer Exam: |

***Eligibility criteria for transfer (to be completed by student)***

|  |  |  |
| --- | --- | --- |
|  | **Meets criteria** | **Does not meet criteria** |
| Has completed HLTH 5901 and HLTH 5902 |  |  |
| Has achieved an A- average or better in coursework. |  |  |

**Comments from GAC:**

*Indicate approval/denial of request to transfer, with rationale.*

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|   |

***Signatures***

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Signature of Student Date

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Signature of Supervisor Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of (Co-Supervisor) Date

**Graduate Advisory Committee:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of GAC Member Date Signature (GAC Member)

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Name of GAC Member Date Signature (GAC Member)

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Name of GAC Member Date Signature (GAC Member)

***Composition of Transfer Exam Committee (to be completed after the exam with your supervisor)***

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Email** |
| Supervisor |  |  |
| Co-supervisor (if applicable) |  |  |
| GAC member |  |  |
| GAC Member |  |  |
| Field Expert\* (indicate department and institution if not from Health Sciences) |  |  |
| Field Expert\* (indicate department and institution if not from Health Sciences |  |  |

\*Field Experts may be from within or outside of the Department of Health Sciences. A brief justification for their inclusion in the Transfer Exam Committee must be provided below: