



Department of Health Sciences Permission to Transfer from MSc to PhD Programme

This form must be submitted to the Graduate Administrator following the Graduate Advisory Committee (GAC) Meeting where permission to transfer from the MSc to the PhD was discussed and provisionally approved by GAC.

Attach to this form:

- 1. A letter from the **Student** explaining the request to transfer from the MSc to PhD programme
- 2. A Summary of Progress (~2 pages) and Proposed PhD Research Project (~3-5 pages) report
 - The summary of progress section should include: short background on research question and hypothesis, and work accomplished to date, including substantive findings/data produced that could form the basis of at least one manuscript, with figures/tables as appropriate
 - The proposed PhD research section should include: background and rationale, hypothesis, specific objectives, methods/approach, anticipated results, reference list, and figures/tables as appropriate
- 3. A list of publications
- 4. A letter from the Supervisor and the GAC in support of the student's request to transfer
- 5. A completed table of the proposed Composition of Transfer Exam Committee (below)
- 6. A completed table of Current Funding of the Supervisor (below)

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:

The Transfer Examination must take place within 18-24 months from the start of the MSc. If approved, the transfer from MSc to PhD will be effective at the next registration date (e.g. September, January, or May).

Eligibility criteria for transfer

	Meets criteria	Does not meet criteria
Has completed HLTH 5901 and HLTH 5902		
Has achieved an A- average or better in course work		
Has made substantial progress on MSc research, producing an amount of new data that could be included in an MSc thesis and/or submitted for publication in at least one manuscript		
Has a clearly defined project for the proposed PhD thesis		



Name of GAC Member



Comments from GAC: Indicate approval/denial of request to transfer, with rationale. Signatures Signature of Student Date Signature of Supervisor Date Signature of (Co-Supervisor) Date **Graduate Advisory Committee:** Name of GAC Member Date Signature (GAC Member) Name of GAC Member Date Signature (GAC Member)

Date

Signature (GAC Member)



Signature of Graduate/Departmental Chair



	Committee Name	Email
Committee Chair		
Supervisor		
Co-Supervisor (if applicable)		
GAC member		
GAC Member		
Field Expert*		
(indicate department and institution		
if not from Health Sciences)		
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if not from Health Sciences		
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Date