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 |  |  |

**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

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Signature of (Co-Supervisor) Date

**Graduate Advisory Committee:**

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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***

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Email** |
| Committee Chair |  |  |
| 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. Brief justification for their inclusion in the Transfer Exam Committee must be provided below:

***Student’s PhD stipend to be paid from Supervisor’s funding sources***

*List all funding sources from which the student’s stipend will be paid.*

*By signing this section, you agree that you have sufficient funds in place to pay the student at the PhD rate for the remainder of their programme (once transfer to PhD is approved).*

|  |
| --- |
| Name of grant (e.g. CIHR, NSERC, SSHRC etc.):  Year-end of grant (e.g. Fall 2021):  Administered at (e.g. institution where grant is held):  Amount to be paid to student: |
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Signature of Supervisor Date

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**This section is to be completed by the Graduate or Departmental Chair**

Request for transfer approved; student may proceed with transfer examination process

Request for transfer denied; student may NOT proceed with transfer examination process

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Signature of Graduate/Departmental Chair Date