Program Transfer

UNIVERSITY OF TORONTO
SCHOOL OF GRADUATE STUDIES

This form is required for a program transfer from one degree to another, or one graduate unit to another.

A program transfer from a doctoral program to a master's program requires a letter of substantive rationale by the Graduate Coordinator, for SGS approval. If approval is granted for transfer from a doctoral to a master's program, readmission to a doctoral program is considered non-standard and would require SGS approval.

Section 1: Student Information (To be completed by the student).

Last Name:	First Name(s):	Student Number:
U of T Email:		Session:

Section 2: Degree Program/Graduate Unit Transfer (To be completed by the student and the graduate unit(s)).

Transfer From:	**Transfer To:**
Graduate Unit:	Graduate Unit:
Degree:	Degree:
Full-time Part-time	Full-time Part-time
Degree POSt Code:	Degree POSt Code:

If applicable, is the student continuing in the same collaborative program(s)?   No   Yes, subject POSt code(s):

Type of Transfer:
 	
          Master's to Doctoral   Other, specify:
 	
          Doctoral to Master's (Non-standard—requires a letter of substantive rationale by the Graduate Coordinator, for SGS approval.)

Effective Session of Transfer: Fall, 20_____   Winter, 20_____   Summer, 20_____
Year of study and all previous and current course(s), **unless excluded on page 2/2 of this form***, will be transferred. The program's registration will be considered "continuous."   Note: If the year of study should be restarted or all previous courses are to be excluded then the student should withdraw and be admitted through the online application to the degree program, not through a program transfer.

*Exclude Course(s) in Transfer:		
Course Number(s)	Course/Activity Title(s)	Session Code(s)

Graduate Coordinator rationale for program transfer, of the graduate unit the student is **transferring from:**	
Student's Signature: (sign and print name)	Date:
Graduate Coordinator's Signature, of the graduate unit the student is **transferring from:** (sign and print name)	Graduate Unit:
	Date:
Graduate Coordinator's Signature, of the graduate unit the student is **transferring to:** (sign and print name)	Graduate Unit:
	Date:

Section 3: Vice-Dean, Students, School of Graduate Studies Approval.

Request for Program Transfer: Approved Denied	
Vice-Dean's Signature, School of Graduate Studies:	Date:

Freedom of Information and Protection of Privacy Act: www.rosi.utoronto.ca/fippa.php