



### TRANSFER BETWEEN RELATED MASTER'S GRADUATE PROGRAMS

<b>STUDENT INFORMATION:</b>		Student Number:	
First Name:		Last Name:	
Address:			
Address:			City:
Prov/State:	Postal Code:	Country:	
Email:		Telephone:	
Degree: (e.g. PhD, MA)		Graduate Program Name:	

Please transfer student from \_\_\_\_\_ in \_\_\_\_\_ to \_\_\_\_\_ in \_\_\_\_\_  
 degree program degree program  
 Transfer requested from:  September 1, 20\_\_  January 1, 20\_\_  May 1, 20\_\_

The date of transfer must correspond to the beginning of a term. Transfers cannot be retroactive.

Please see <https://www.grad.ubc.ca/faculty-staff/policies-procedures/transfer-another-degree-program> for information on transfers between related master's graduate programs.

Transfers between closely related master's programs are permitted with an academic justification from the Graduate Program Coordinator.

**Reason For Transfer:**

**Please attach a copy of the student's original request for transfer.**

Transfers between programs involving a change of discipline should be treated as new admissions.

**Please note that this form will not be processed for students who have outstanding fees.**

**Approval of Student's Research Supervisor:**

_____	_____	_____	_____
Signature	Name (Please Print)	Program	Date (yyyy/mm/dd)

**Approval of Current Graduate Program Coordinator:**

_____	_____	_____	_____
Signature	Name (Please Print)	Program	Date (yyyy/mm/dd)

**Approval of New Graduate Program Coordinator (if different from above):**

_____	_____	_____	_____
Signature	Name (Please Print)	Program	Date (yyyy/mm/dd)

**COLLEGE OF GRADUATE STUDIES USE ONLY:**

_____	_____	_____
Signature	Name (Please Print)	Date (yyyy/mm/dd)