APPLICATION TO TRANSFER BETWEEN OPTIONS IN THE M.Sc. PROGRAM

ALL APPLICANTS MUST SUBMIT: A copy of your current transcript and a letter of support from your current and new Supervisor (if applicable).

LAST NAME: ___________________________ FIRST NAME: ___________________________

STUDENT NUMBER: _____________________ FIRST SEMESTER ENROLLED: ______________

TRANSFER REQUEST

FROM: ☐ PROJECT ☐ THESIS ☐ COURSE TO: ☐ PROJECT ☐ THESIS ☐ COURSE

REASON FOR TRANSFER REQUEST:

______________________________________________________________________________

______________________________________________________________________________

PROPOSED ADDITIONAL COURSE(S) TO BE TAKEN (IF APPLICABLE):

CMPT: _____ _____ _____ _____ _____ _____ _____

PROPOSED THESIS TITLE (IF APPLICABLE AND/OR KNOWN):

______________________________________________________________________________

______________________________________________________________________________

DATE: _______________ STUDENT SIGNATURE: __________________________

SENIOR SUPERVISOR APPROVAL:

DATE: _______________ SUPERVISOR SIGNATURE: __________________________

COMMENTS: ______________________________________________________________

______________________________________________________________________________

DEPARTMENT APPROVAL:

DATE: _______________ SIGNATURE: __________________________

COMMENTS: ______________________________________________________________

______________________________________________________________________________

SEMESTER CHANGE EFFECTIVE: ___________________________