Request to Transfer in the Graduate Program in Health Research Methodology

|  |  |  |
| --- | --- | --- |
| **TO BE COMPLETED BY STUDENT ONLY**  ***Student*** *to complete this section of the form and submit to the Health Sciences Graduate Programmes Office – HSC 3N10* | | |
| **Student’s Name:** | Click or tap here to enter text. | |
| Brief Statement of Relevant Research Work (not more than 100 words):  Click or tap here to enter text. | | |
| Date Signed: | | Click or tap to enter a date. |
| **Student’s Signature:** | |  |
| Please indicate the date(s) the transfer should be completed: | | Click or tap to enter a date. |

|  |  |
| --- | --- |
| **TO BE COMPLETED BY PROPOSED PhD SUPERVISOR ONLY**  *The following is to be completed by the student’s* ***proposed PhD supervisor****. Please suggest 2 possible graduate faculty members for the transfer meeting – one will be selected for the proposed PhD Supervisory Committee. The Associate Dean of Graduate Studies (Health Sciences) will select two candidates from the HRM PhD Admissions Committee.* | |
| I suggest the following faculty to act as a potential examiner: | 1. Click or tap here to enter text.  2. Click or tap here to enter text. |
| Proposed PhD Supervisor’s Printed Name: | Click or tap here to enter text. |
| **Proposed PhD Supervisor’s signature:** |  |