Request to Transfer in the Graduate Program in Health Research Methodology

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| **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. |

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| **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:** |   |