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:		
Brief Statement of Relevant Research Work (not more than 100 words):		
Date Signed:		
Student's Signature:		
Please indicate the date(s) the transfer should be completed:		
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. 2.	
Proposed PhD Supervisor's Printed Name:		
Proposed PhD Supervisor's signature:		