

TRANSFER FROM MASTER'S TO PHD FACULTY OF GRADUATE STUDIES

LAST NAME	FIRST NAME		STUDENT ID#	
PROGRAM			UWINID	@uwindsor.ca
START TERM AND YEAR OF PHD:	FALL	WINTER	SUN	//MER
I acknowledge that the transfer to the master's program. I acknowledge that the PhD program I acknowledge that I will be registed program. I acknowledge that this application Department will be submitted to the	am is available on a ered in either the 4 th n, a transcript, and	a full-time basis only or 5 th term of grade any additional supp	/. uate studies wher lemental material	n I begin my PhD s required by the
DEPARTMENT ACKNOWLED	GEMENT (TO B	E COMPLETED BY	THE GRADUAT	E COORDINATOR):
Student has demonstrated excelled degree approved by the Supervisor Student has completed all gradual average. Student is registered within a mini (Recommendations must be made of Term 4 of the master's degree.) Student will begin the PhD program Student is recommended for a Ph Recommendation to transfer has leterm: Fall - Deadline June 1 RATIONALE FOR TRANSFER	ory Committee. te courses for the r mum of three and a e no earlier than the m in either the 4 th o D Entrance Schola been sent to Gradu Winter - Deadl	naster's degree, with a maximum of four the beginning of Term of gradual riship. ate Studies by the paine October 1	h a minimum 80% erms in the maste 3 and be approve te studies. posted deadline for Summer -	cumulative grade point er's program. ed prior to the completion or start in the following
Committee Meeting Date:				
SIGNATURES Student Signature:			Date:	
Advisor Signature:			Date:	
Graduate Coordinator/Department Hea	ad Signature:		Date:	