



APPLICATION TO TRANSFER AREA OF CONCENTRATION IN THE MEd PROGRAM

This form is to be completed when a student decides to request to transfer Area of Concentration. Only **ONE** transfer of Area of Concentration may occur during the student's program. This form is to be completed and submitted to the Education Graduate Program Office for review. The final decision will be sent to the student by the Faculty of Education.

Student's Name (Please *Print*) _____ ID# _____

Program: MEd Term of Entry into the Program _____

Today's Date: _____ I am applying to

Transfer FROM	Curriculum Studies	Educational Administration and Leadership	SLACS
Transfer TO	Curriculum Studies	Educational Administration and Leadership	SLACS

Beginning (Term) Winter 20____ Summer 20____ Fall 20____

Checklist (Complete A, B, & C)

- A) I have met with my current advisor and s/he has approved my transfer application.
I do not have an advisor.

Advisor's Name: _____ Advisor's Signature: _____

- B) List of all MEd courses that I have successfully completed to date (course codes only (e.g. EDUC 8270):

1)	4)	7)
2)	5)	8)
3)	6)	9)

- C) Reason for requesting the transfer.

Student Signature _____ Date _____

Submit to the Education Graduate Program Office

For Winter transfer: by Dec. 1; For Summer transfer: by April 15; For Fall transfer: by Aug. 1

For Office Use Only:	Student notified of decision DATE: _____
Transfer approved	Transfer NOT approved
Signature _____	Associate Dean (GR)