



**APPLICATION TO TRANSFER STREAMS IN THE MEd PROGRAM**

This form is to be completed when a student decides to request to transfer streams. Only **ONE** transfer of streams 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** Thesis Major Paper Course-based  
**Transfer TO** Thesis Major Paper Course-based

**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.
- B) **Advisor's Name:** \_\_\_\_\_ **Advisor's Signature:** \_\_\_\_\_
- C) **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 Education Graduate Program Office**

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

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