



Student ID	Student Last Name, First Name		
Department		Degree Program	Specialization (if any)

Complete and forward to the Faculty of Graduate & Postdoctoral Studies. For more information, refer to [Section 7](#) of Graduate Program Manual.

Current	Transfer to
Department	Department
Degree Program	Degree Program
Specialization (if any)	Specialization (if any)

Effective Term:

- ☐ Fall (Sept 1)
☐ Winter (Jan 1) Year
☐ Spring (May 1)
☐ Summer (July 1)

Student Consent: By signing this form, I hereby consent to this change of category/specialization. I understand these changes to my program may impact my fees. I have consulted with my Department about the implications of this change.

Student Signature

Date (MM/DD/YYYY)

Current Department Notification	New Department Consent
Graduate Coordinator/ Dept Chair	Graduate Coordinator/ Dept Chair
Signature	Signature
Date (MM/DD/YYYY)	Date (MM/DD/YYYY)

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New Department use only: Academic standing:	Registration:	Faculty of Graduate & Postdoctoral Studies use only: Awards:	Admit term:	Signature & Date
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