

## Doctor of Philosophy Transfer Examination Assessment

Student uLethbridge ID Number:										
Today's Date:										

All students transferring from the Master of Science/ Master of Arts program to a Doctor of Philosophy program must take and successfully pass a transfer examination in order to be admitted into a Doctoral program.

The Chair of the approved Transfer Examination Committee submits the results of the pre-approved Transfer Examination via this form to the School of Graduate Studies.

For detailed information on the transfer process, review the Graduate Studies Calendar and Course Catalogue (<a href="www.ulethbridge.ca/ross/academic-calendar">www.ulethbridge.ca/ross/academic-calendar</a>), and the relevant SGS Policies and Procedures (<a href="www.ulethbridge.ca/graduate-studies/policies-procedures">www.ulethbridge.ca/graduate-studies/policies-procedures</a>).

Student Information										
Surname:	First name:		Middle name:							
Degree:		Major:								
Supervisor name:		Co-supervisor name (if applicable):								
Approved Transfer Examination Committ	ee membership									
Chair Name:	Name:		Name:							
Name:	Name:		Name:							
Transfer Examination Assessment										
Transfer examination date:		□ Pass		□ Fail						
* Any deviation or alternate process must be pre-	-approved by the relevant	Graduate Program Office	?							
Transfer Examination Chair Transfer Examination Committee Chair signatu	ure:									
Name (printed):			Date:							
Submit completed form to the relevant Graduate Program Office.										
Graduate Program Committee approval										
Graduate Program Committee Chair signature:										

The personal information on this form is collected pursuant to the Post-secondary Learning Act and the Freedom of Information and Protection of Privacy Act and will be used to document your progress in an academic program. If you have questions about the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at, 403-332-4620 or by email to <a href="mailto:foip@uleth.ca">foip@uleth.ca</a>.

Date:

Name (printed):