

Transfer of Department [After at least one term of registration]

KILLAM CENTRE FOR ADVANCED STUDIES Phone: 780.492.3499 Fax: 780.492.0692 2-29 TRIFFO HALL https://www.ualberta.ca/graduate-studies/ Student ID Student Last Name, First Name Degree Program Specialization (if any) Department Complete and forward the following information to the Faculty of Graduate Studies and Research. For more information refer to Section 7 of the Faculty of Graduate Studies and Research Graduate Program Manual. Current **Transfer to** Department Department Degree Program Degree Program Specialization (if any) Specialization (if any) **Effective Term:** O Fall (Sept 1) O Winter (Jan 1) Year O Spring (May 1) O 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 my impact my fees. I have consulted with my Department about the implications of this change. Student Signature Date **Current Department Notification New Department Consent Graduate Coordinator/ Dept Chair Graduate Coordinator/ Dept Chair** Signature Signature Date Date

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New Department use only:

Faculty of Graduate Studies & Research use only:

New Department use only:

Academic standing:

Registration:

Registration:

Registration:

Faculty of Graduate Studies & Research use only:

Awards:

Admit term:

Signature & Date