



Laboratory Medicine & Pathobiology
UNIVERSITY OF TORONTO

Graduate Programs

Request for PhD to MSc Back-Transfer

(To be completed by the Chairperson of the Advisory Committee)

Name of Student: _____

Date of Entry into PhD Program: _____ direct entry PhD Transfer post MSc

Coursework completed and final grade _____

Title of Proposed MSc Thesis: _____

ADVISORY COMMITTEE MEMBERS

	<u>Name</u>	<u>Department</u>	<u>In Support of Transfer to MSc (Yes/No)</u>	<u>Signature</u>
1.	_____ Supervisor	_____	_____	_____
2)	_____ Co-supervisor	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____

COMMENTS:

Signature of Graduate Coordinator _____ Date _____