

**BROCK UNIVERSITY
DEPARTMENT OF PHYSICS
REQUEST TO TRANSFER FROM MSC TO PHD**

Name of student: _____ **Number:** _____

Field of specialization: _____

Date enrolled: _____ **Transfer date requested:** _____

Courses taken in MSc program:	Term:	Marks:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of student: _____ **Date:** _____

Supervisory Committee:

Supervisor 1st Member (Chair) 2nd Member

RECOMMENDATION OF COMMITTEE:

- Transfer recommended**
- Transfer not recommended (give details)**

Signatures of Committee:

Supervisor

1st Member (Chair)

2nd Member

Date