

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	_____ 1 st Member (Chair)	_____ 2 nd Member
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RECOMMENDATION OF THE COMMITTEE:

- ☐ Transfer Recommended
- ☐ Transfer Not Recommended (give details)

Signatures of Committee:

Supervisor

1st Member (Chair)

2nd Member