



Faculty of Graduate & Postdoctoral Studies
2-29 TRIFFO HALL

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<https://www.ualberta.ca/graduate-studies/>

Student ID	Student Last Name, First Name		
Department		Degree Program	Specialization (if any)
Complete and forward to the Faculty of Graduate & Postdoctoral Studies. For more information, refer to Section 7 of Graduate Program Manual.			
Current		Transfer to	
Department		Department	
Degree Program		Degree Program	
Specialization (if any)		Specialization (if any)	
Effective Term: <input type="radio"/> Fall (Sept 1) <input type="radio"/> Winter (Jan 1) Year <input type="radio"/> Spring (May 1) <input type="radio"/> 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 (MM/DD/YYYY)
Current Department Notification		New Department Consent	
Graduate Coordinator/ Dept Chair		Graduate Coordinator/ Dept Chair	
Signature		Signature	
Date (MM/DD/YYYY)		Date (MM/DD/YYYY)	

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New Department use only:		Faculty of Graduate Studies & Research use only:	
Academic standing:	Registration:	Awards:	Admit term:
		Signature & Date	