



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)	

Personal information on this form is collected under the authority of Section 33(c) of Alberta's **Freedom of Information and Protection of Privacy Act** for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate Studies and Research at 780-492-3499 or see <http://www.ipu.ualberta.ca/>.

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