



Transfer Proposal Report

This form is to be completed in accordance with the ECE Policy on Transferring from the M.A.Sc. to the Ph.D. Program (<https://www.ece.utoronto.ca/graduates/policy-documents/ece-policy-transferring-m-sc-ph-d-program/>)

STUDENT: _____

GROUP: _____

PRESENTATION DATE: _____

SUPERVISOR(S) _____

COMMITTEE MEMBERS (including the supervisor(s) – all members must sign below)

Name

Signature

RECOMMENDATION OF THE COMMITTEE:

If acceptance is based on any condition(s), the candidate must be notified in writing by the supervisor with a copy to the Graduate Office.

Additional approved graduate courses required after transfer: 3 ____ 4 ____ 5 ____

Transfer date: May ____ Sept. ____ Jan. ____

Signature of the Chair of the Research Group:
