

Requesting a Transfer of Degree and/or Program

A [Transfer Request Form](#) must be used to request a transfer to another degree and/or program.

To request a transfer, complete Section 1 and forward to the OISE Registrar's Office, Graduate Unit along with a statement explaining why you wish to transfer and any additional supporting documentation that you wish to include. Your request will be forwarded to the appropriate department for their consideration and you will be notified once a decision has been made.

Some programs/departments have deadlines by which to apply for a transfer. It is advisable to consult the department for their deadlines.

For transfers to OISE from other U of T departments, it is your responsibility to have your home department forward appropriate documentation (e.g., transcripts submitted with original application, reference letters, etc.) to the OISE Registrar's Office, Graduate Unit.

See below for the [Degree and/or Program Transfer Request Form](#).



DEGREE AND/OR PROGRAM TRANSFER REQUEST FORM

Section 1: Students please complete this section and return this form to the Registrar's Office, Graduate Unit. N.B. A transfer must involve credit for work completed.

Student Name: _____ Student Number: _____

I WISH TO TRANSFER FROM:

Department: _____

Degree: _____

Number of Courses Required in Current Program: _____

Date of First Registration in Current Program: _____

I am currently registered: Full-Time Part-Time

Student's Signature: _____ Date: _____

I WISH TO TRANSFER TO:

Department: _____

Degree: _____

Program: _____

SECTION 2: To be completed by the Chair of the Department to which student wishes to transfer. (Please return to the Registrar's Office, Graduate Unit.)

I recommend that the above student be permitted to transfer effective: September January May

Total Number of Courses Required in New Program: _____ Faculty Advisor: _____

Please indicate whether or not credit granted for courses: Yes No

Please list courses credited: _____

Transfer Request Refused

Departmental Signature: _____ Date: _____

SECTION 3: For SGS/Registrar's Office use only.

Transfer: Approved Refused Signature: _____ Date: _____

Comments: _____

	POST	F/P	Terminal Date
Change from:	_____	_____	_____

Change to: _____

Effective Date of Transfer: _____

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416-946-7303, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1.