Requesting to Add the CIDE/CSEP/WLSC Collaborative Program

This Add Collaborative Specialization Request Form must be used to request a transfer into the WLSC/CIDE or CSEP Collaborative Specializations.

To request a transfer, complete Section 1 and forward to the WLSC/CIDEC/CSEP Office, Room 7-107 along with your statement of intent (CIDE applicants should also submit their current CV). Your request will be forwarded to the director for their consideration and you will be notified once a decision has been made.

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.

**Transcripts until September 2017 will list collaborative program; after September 2017 will list Collaborative Specialization**

**NOTE: WLSC application:** In statement of intent please include:
relevant personal and/or professional experiences, a career plan, motivation in seeking advanced training in Workplace Learning and Social Change (all applicants); an indication of specific courses of interest (all applicants); a brief outline of their proposed research project (for thesis students); indication of their preference of supervisor (for thesis students)

See below for the CIDE/CSEP/WLSC Program Transfer/Add Request Form.
**To be submitted in person to the CIDE/WLSC/CSEP office 7-107 or by email to**
oise.wlsc@utoronto.ca; oise.cepp@utoronto.ca or cidec.oise@utoronto.ca
CIDE/CSEP/WLSC (CIRCLE ONE) ADD COLLABORATIVE SPECIALIZATION REQUEST FORM

Section 1: Students please complete this section and return this form to CIDEC Office 7-107. CIDEC mailbox is in the LHAE mailroom, on the 6th or 7th floor.

Student Name: ___________________________ Email Address: ___________________________
Current Session: ___________________________ Student Number: ___________________________
Department: ___________________ Degree: ___________________
Total # of courses already completed in specialization: ______ Name of participating faculty on thesis committee (if applicable): ___________________________
Number of WLSC/CSEP/CIDE-related courses already completed: ______
Course Codes: ___________________________________________________________________________
Date of first registration in current program: _____________ Anticipated graduation date: _____________
I am currently registered: [ ] Full-Time [ ] Part-Time

Student’s Signature: ___________________________ Date: ___________________________

SECTION 2: To be completed by the director of the CIDE/CSEP/WLSC Collaborative Specialization.

[ ] I recommend that the above student be permitted to transfer/add effective: [ ] September [ ] January

Total number of collaborative courses required: _____________
Collab Spec Director Signature: ___________________________ Date: ___________________________
Department Chair Signature: ___________________________ Date: ___________________________
OR
[ ] Transfer/Add Request Refused
Collab Spec Director Signature: ___________________________ Date: ___________________________
Department Chair Signature: ___________________________ Date: ___________________________

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

Transfer: [ ] Approved [ ] Refused Signature: ___________________________ Date: ___________________________
Comments: ________________________________________________________________________________
POSf/PTerminal Date
Change from: ________________________________________________________________________________
Change to: ________________________________________________________________________________

Effective Date of Transfer: ___________________________