



Laboratory Medicine & Pathobiology
UNIVERSITY OF TORONTO

Graduate Programs

MSc to PhD TRANSFER EXAMINATION COMMITTEE REPORT

(To be completed by the Chairperson of the Committee)

Name of Student: _____

Date and Time of Examination: _____

Date of Entry into the MSc Program: _____

Supervisor(s): _____

Title of Research Project: _____

TRANSFER EXAMINATION COMMITTEE MEMBERS

	<u>Name</u>	<u>Department</u>	<u>In Support of Transfer to PhD (Yes/No)</u>	<u>Signature</u>
1)	Chair _____	Lab Med & Pathobiology _____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____
5)	_____	_____	_____	_____
6)	_____	_____	_____	_____
7)	_____	_____	_____	_____

If there is more than one negative vote and/or abstention, transfer to PhD is not recommended.

COMMENTS: