

DEPARTMENT OF BIOCHEMISTRY ~ REQUEST FOR A TRANSFER EXAM

NAME OF STUDENT: _____ STUDENT NUMBER: _____

Pre-Transfer qualifications completed: (to be completed by student)

1. $\frac{1}{2}$ Credit course completed: Yes _____ / No _____
***NOTE – BCH 2024H requires completion of two module for $\frac{1}{2}$ credit.*
2. 1st Seminar completed: Yes _____ / No _____
3. Attach PDF of current ACORN transcript and submit with request

PROJECT TITLE: _____

PROPOSED COMMITTEE:

SUPERVISOR: _____
(Non-Voting Member) (email address)

JOINT SUPERVISOR: _____
(Non-Voting Member) (email address)

SUPERVISORY COMMITTEE MEMBERS:

1 _____
(email address)

2 _____
(email address)

(3 _____)
(email address)

OTHER – (DEPARTMENTAL OR EXTRA-DEPARTMENTAL FACULTY MEMBER)

1 _____
(Name) (Dept.) (email address)

2 _____
(Name) (Dept.) (email address)

STUDENT'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____
(to indicate approval of the suggested examination committee)

For office use: Approved by Graduate Coordinator _____

EXAM CHAIR: _____