DEPARTMENT OF BIOLOGY - TRANSFER EXAMINATION REPORT

Date: ____________________________

Student: ____________________________ Student Number: _________________

Please print (Given Name) (Surname)

Title of Ph.D. Proposed Project:

**Components of Evaluation:**

Written Proposal:  
Pass: [ ]  Fail: [ ]

Oral:  
Pass: [ ]  Fail: [ ]

**Additional Considerations:**

Evidence of Research to Date:  
Excellent: [ ]  Good: [ ]  Fair: [ ]  Poor: [ ]

Maturity of Candidate:  
Excellent: [ ]  Good: [ ]  Fair: [ ]  Poor: [ ]  
(Preparedness/commitment to pursue graduate studies)

**Major Accomplishments:**


**COMMENTS:**

*Written Proposal:*

*Oral:*

Please turn over to complete
OVERALL ASSESSMENT

Pass: □ Fail: □

DECISION

1. Proceed to Ph.D. Studies: □
2. Repeat Transfer: □
3. Proceed to complete M.Sc. Studies: □

1. If proceeding to Ph.D. studies, this form and a “Change of Status” form (Ph.D. status as of next term) must be completed, signed by the student and supervisor, and submitted to Academic Program Assistant (Graduate Studies) for the Associate Chair’s (Graduate) signature and final submission to the School of Graduate Studies.

Change of Status Form link: https://sgs-webserver.mcmaster.ca/tpindistudent/

2. If applicable, please complete:

Repeat Transfer: Oral: □ Written: □ Proposed Date for completion: ________________

Please note: After signatures, please return this form to Academic Program Assistant (Graduate).
For the “Repeat” Transfer Examination, a “New” Biology Transfer Examination Report must be completed.

3. If proceeding to completing M.Sc. studies, anticipated date of completion: ________________

Please refer to Section XIV (M.Sc. Thesis Examination) of “Guide to Graduate Studies in Biology” at:
http://www.biology.mcmaster.ca/graduate-guide/graduate/graduate-guide

Signatures:

Transfer Examination Chair

Supervisor

Transfer Examination Committee Member

Transfer Examination Committee Member (if applicable)

Associate Chair, Graduate Studies/Biology or Dept. Chair

Student’s Signature: ___________________________ Date: ___________________________

Completed Change of Status form to be appended.