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| **PLEASE NOTE** | | * ***This form is to be completed by a student transferring to an AUT Master’s programme from an AUT Doctoral programme. Supporting documents as indicated should be provided. Please note that a withdrawn (W) grade will be recorded against the Doctor of Philosophy qualification if you transfer prior to 3 completing year’s study in the Doctoral Programme. Transfers after these timeframes will be recorded as Did Not Complete (DNC)*** * ***This form must be typed. Handwritten forms will not be accepted. Double clicking on the check boxes enables you to change them from not-checked to checked.*** | | | | | | | | | | | | |
| **Student ID** | | | |  | | | **Name** | | | |  | | | |
| **Faculty** | | | | Choose a Faculty | | | **School/Dept** | | | |  | | | |
| **Current Programme** | | | |  | | | **Admission Date** | | | |  | | | |
| **Thesis Title** | | | |  | | | | | | | | | | |
| **Mode of Study** | | | | **Full-time** | |  | **Part-time** | | | |  | | | |
| checklist | | | | | | | | | | | | | | |
| Please attach the appropriate documentation to support your application: | | | | | | | | | | | | | | |
|  | **Rationale**  A statement from the student outlining the reasons for this request | | | | | | | | | | | | | |
|  | **A memo from the primary supervisor with a justification for the transfer** | | | | | | | | | | | | | |
|  | **A progress report showing the work completed to date and the work remaining to complete the Master of Philosophy degree** | | | | | | | | | | | | | |
|  | **A timeline for completion of the Master of Philosophy degree** | | | | | | | | | | | | | |
| **Applicant’s signature**: | | | | |  | | | | **Date**: | | |  | | |
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| SUPERVISION | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | |  |  |
| **Primary Supervisor** | | |  | | | | | **Supervised Master’s to Completion** | | | | | **Yes** | **No** |
| **Signature** | | |  | | | | | **Date** | | | | |  | |
| **Second Supervisor** | | |  | | | | | **Supervised Master’s to Completion** | | | | | **Yes** | **No** |
| **Signature** | | |  | | | | | **Date** | | | | |  | |
| **FACULTY POSTGRADUATE COMMITTEE ENDORSEMENT** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **Associate Dean or delegate (name)** | | |  | | | | | | |  |  | | |  |
| **Signature** | | |  | | | | | | | **Date** |  | | | |

**FORM PGR5**

Transfer to an AUT master’s programme from an aut Doctoral programme