



GRADUATE RESEARCH SCHOOL

HDR COURSE TRANSFER REPORT

1. STUDENT DETAILS

Student Name	
Student Number	
Faculty	
School	
Principal Supervisor	
Co-Supervisor	
Current Degree	
Degree to be transferred to	
Expected course end date	

COMPLETE *EITHER* 2 OR 3 DEPENDING ON TYPE OF TRANSFER

2. COURSE UPGRADE

We, the undersigned, agree that the student has proven their capacity to undertake independent research at a doctoral level.

Position	Name (<i>please print</i>)	Signature
Principal Supervisor		
Co-Supervisor 1		
Co-Supervisor 2 (if relevant)		
Independent Panel Member		
Head of Postgraduate Studies		
Student		
Date		

3. COURSE TRANSFER/DOWNGRADE

Reason for course transfer/downgrade	

Position	Name <i>(please print)</i>	Signature
Principal Supervisor		
Co-Supervisor 1		
Co-Supervisor 2 (if relevant)		
Independent Panel Member		
Head of Postgraduate Studies		
Student		
Date		

**PLEASE FORWARD A COPY OF THE COMPLETED FORM TO THE GRADUATE RESEARCH SCHOOL
(LEVEL 1, BUILDING 20)**

