## Student Application to Transfer MSc Part I to PGDipSc

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Full legal name (first/middle/surname)

Email address (for all correspondence)

## Faculty of Science

Te Whare Wānanga o Waitaha CHRISTCHURCH NEW ZEALAND

		racuity	or Science
This form must be completed by the	ne applicant.		
That: [Please print full name]:			
Be granted permission to transfer l Regulations, and be eligible to grad	-		•
On the grounds of: [Medical, Famil	ly, Financial, or other reaso	ns: please specify below]	
Original date of enrolment in MSc:			
By submitting this application, I use Student Administrative Services.	understand that any to	uition fee implications s	hould be discussed with
I also understand that the implica StudyLink.	ations for my student	allowance and/or loan s	hould be discussed with
Date: Click or tap to enter a date	<u>3</u> .		
College of Science Notes:			
Supporting Material Attached	Yes No		UNIVERSITY OF
2. Student Transcript Attached	Yes No		CANTERBURY

Yes ☐ No ☐

Date: Click or tap to enter a date.

Other Notes Attached

Head of			Date: Click or tap to enter a date.			
Approved:	Yes □	No □	Signature:			
[Please email this form and any additional supporting documentation to <a href="mailto:science@canterbury.ac.nz">science@canterbury.ac.nz</a> ]						
Academic M	anager / Dean	of Science	Date: Click or tap to enter a date.			
If passed, award with:						
Distinction						
Or Merit						
Or Pass						
Approved:	Yes □	No □	Signature:			