



Faculty of Medicine

Program Transfer

REQUEST FOR TRANSFER FORM

Name: _____ Date: _____
Please Print mm dd yyyy

Current Program: _____ Level: _____

Program Applying For: _____

Please include a **current curriculum vitae** and a **personal letter** detailing the reason you want to transfer, as part of your program transfer package.

Referee contact information (Two referees required):

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Do you have a return-of-service agreement with the Department of Health and Community Services (DoH)/Regional Health Authority (RHA) to practice in NL? Yes No

If **yes**, is the DoH/RHA aware of your request to transfer? Documentation from the DoH/RHA supporting the transfer is required.

NOTE: Learners who matched through the CaRMS - IMG Stream are not eligible for transfer. For Family Medicine learners, transfers between streams are not permitted.

******Postgraduate Medical Education Office use only******

Date Received: _____ Date of meeting with PGME Associate Dean, PGME: _____
mm dd yyyy mm dd yyyy

Comments: _____

Acknowledgement Of Personal Information Transfer Form signed: _____
mm dd yyyy

Date documents sent to Program Directors: _____
mm dd yyyy

Letters from **DoH/RHA**: _____

The personal information requested on this form is collected under the general authority of the Memorial University Act (RSNL1990 CHAPTER M-7) for the purpose of assessing the request for Transfer and to form part of your student record and be used to document your progress in your Program. Questions concerning the collection, use, and disclosure of this information should be directed to the [Information Access and Privacy Office](#)