

Requesting to Add the CIDE/CSEP/WLSC Collaborative Program

This Add Collaborative Specialization Request Form must be used to request a transfer into the WLSC/CIDE or CSEP Collaborative Specializations.

To request a transfer, complete Section 1 and forward to the WLSC/CIDEC/CSEP Office, Room 7-107 along with your statement of intent (CIDE applicants should also submit their current CV). Your request will be forwarded to the director for their consideration and you will be notified once a decision has been made.

For transfers to OISE from other U of T departments, it is your responsibility to have your home department forward appropriate documentation (e.g., transcripts submitted with original application, reference letters, etc.) to the OISE Registrar's Office, Graduate Unit.

Transcripts until September 2017 will list collaborative program; after September 2017 will list Collaborative Specialization

NOTE: WLSC application: In statement of intent please include: relevant personal and/or professional experiences, a career plan, motivation in seeking advanced training in Workplace Learning and Social Change (all applicants); an indication of specific courses of interest (all applicants); a brief outline of their proposed research project (for thesis students); indication of their preference of supervisor (for thesis students)

See below for the CIDE/CSEP/WLSC Program Transfer/Add Request Form.
To be submitted in person to the CIDE/WLSC/CSEP office 7-107 or by email to oise.wlsc@utoronto.ca; oise.cepp@utoronto.ca or cidec.oise@utoronto.ca



**CIDE/CSEP/WLSC (CIRCLE ONE) ADD COLLABORATIVE
 SPECIALIZATION REQUEST FORM**

**Section 1: Students please complete this section and return this form to CIDE Office 7-107.
 CIDE mailbox is in the LHAE mailroom, on the 6th or 7th floor.**

Student Name: _____ Email Address: _____
 Current Session: _____ Student Number: _____
 Department: _____ Degree: _____
 Total # of courses already completed in specialization: _____ Name of participating faculty on thesis committee (if applicable): _____
 Number of WLSC/CSEP/CIDE-related courses already completed: _____
 Course Codes: _____
 Date of first registration in current program: _____ Anticipated graduation date: _____
 I am currently registered: Full-Time Part-Time
 Student's Signature: _____ Date: _____

SECTION 2: To be completed by the director of the CIDE/CSEP/WLSC Collaborative Specialization.

I recommend that the above student be permitted to transfer/add effective: September January
 Total number of collaborative courses required: _____
 Collab Spec Director Signature: _____ Date: _____
 Department Chair Signature: _____ Date: _____
 OR
 Transfer/Add Request Refused
 Collab Spec Director Signature: _____ Date: _____
 Department Chair Signature: _____ Date: _____

SECTION 3: For SGS/Registrar's Office use only.

Transfer: Approved Refused Signature: _____ Date: _____
 Comments: _____
 POSTF/PTerminal Date
 Change from: _____
 Change to: _____
 Effective Date of Transfer: _____

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