

OFFICE USE ONLY

- Fee Paid - \$25 Cheque or Money Order
- Met with Manager

Evaluations sent to following Program Director(s)	Date:
_____	_____
_____	_____
_____	_____
_____	_____

FUNDING		
Additional funding required:	YES	NO
Number of funding months required:	_____	

CORRESPONDENCE	
<input type="checkbox"/>	Letter of Acceptance received from: _____ Program Director
	Proposed start date: _____
<input type="checkbox"/>	Letter of Release received from: _____ Postgraduate Dean
	Proposed release date: _____

Decision:	APPROVED	NOT APPROVED
_____		_____
Associate Dean, Postgraduate Medical Education		Date

NOTICE OF USE OF DATA:

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected will be used to process your application to transfer to another postgraduate residency program at Queen's University or another Ontario university as requested. This information will be shared with the Program Director(s), Residency Program Committee(s) or Postgraduate Dean(s) and will become a part of your permanent academic file. If you have any questions or concerns about the information collected or how it will be used, please contact Postgraduate Medical Education, Queen's University, 70 Barrie St., Kingston, ON, K7L 3N6 or by telephone at (613) 533-2543.