

DEPARTMENTAL/DEGREE PROGRAM CHANGE

SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

To Be Completed by Student (return original to Office of Admissions)

Student's Name: _____
LAST FIRST

Student ID/SS#: _____ - _____ - _____

Student's address: _____
STREET CITY STATE and ZIP

Student's email: _____ Phone number: (____) _____ - _____

Current degree and department: _____ / _____
DEGREE DEPARTMENT

Number of current degree hours completed: _____ GPA: _____

DEGREE YOU NOW WISH TO SEEK: (circle one)

MPH - MSPH - MPH&TM - MS - MHA - MMM - DrPH - ScD - PhD

AND IN WHICH DEPARTMENT: (circle one)

BIOS CHSC ENHS EPID HSMG INHL TRMD

List track/concentration, if applies: _____

New Advisor: _____ ***Required Program Hours:*** _____

Department Chair this change/addition applies to:

Signature of Chair: _____

FOR ADMISSIONS OFFICE USE ONLY

Changed in Admissio _____ Address confirmed in Admissio _____
Letter sent _____ Date _____

CC: Department student is adding or changing from:

BIOS CHSC ENHS EPID HSMG INHL TRMD

Changed in Z-Base _____