RUTGERS
School of Public Health

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Undergrad Degree Confirmation for BA/BS/MPH Students

This form is to be completed by BA/MPH or BS/MPH articulated students who are completing the undergraduate portion of their articulated degree program and will be transitioning into the MPH program at Rutgers School of Public Health. Articulated students are required to notify the School of Public Health of their undergraduate degree completion and confirm when they plan to transition into the MPH program. Undergraduate degree completion must be verified by the Undergraduate Advisor. Verification from the Undergraduate Major Advisor may also be required.

The SPH Office of Admissions will review this completed form and confirm matriculation into the MPH program. Students who matriculate into the MPH program will be notified of their new Academic Advisor and will register through the RBHS online registration portal. Matriculated MPH students are subject to School of Public Health graduate tuition and fees.

DEADLINES: **APRIL 1 to start MPH in Summer term**
JULY 1 to start MPH in Fall term
OCTOBER 1 to start MPH in Spring term

1. **Name:** _____ **Student ID#:** _____
   Last Name *First Name* *Middle Initial* *Last 4-digits of SSN*

2. **Rutgers Email Address:** _____ **Date of Birth:** _____

3. **Permanent Mailing Address:**
   _____
   Include Number, Street and Apt. Number *City* *State* *Zip Code*

4. **Phone Numbers:** _____
   Home Telephone Number (incl. area code) *Mobile Telephone Number (incl. area code)*

5. **Date of Undergraduate Graduation:** *(please check one)* ❑ **JANUARY** ❑ **MAY** ❑ **AUGUST**
   YEAR: _____

6. **Graduating from Which Undergraduate School:**
   ❑ **RU-NB** (Bloustein+Any School) ❑ **RU-NB** (SAS&Non-Bloustein) ❑ **RU-NB** (SEBS&Non-Bloustein)
   ❑ **RU-Camden** ❑ **RU-NWK (SPAA, SCJ, SAS)** ❑ **RU-NWK (Env Sci Hlth &Safety)** ❑ **NJIT**

7. **Anticipated Start Term of MPH Degree Program:** *(please check one)* ❑ **FALL** ❑ **SPRING** ❑ **SUMMER**
   YEAR: _____

8. **Citizenship:** ❑ **U.S.** ❑ **U.S. Permanent Resident (holding a green card)**
   ❑ **International Student Status**

9. **New Jersey Residency:** ❑ **Yes, I am a NJ resident** ❑ **No, I am not a NJ resident**

_____
Student Signature Date

For Undergraduate Advisor: I certifiy that the above-mentioned student will complete the undergraduate portion of the articulated degree program as noted above.

_____
Undergraduate Advisor Signature Date

_____
SPH Graduate Academic Advisor Signature Date

_____
SPH Office of Admissions Signature Date

Copies to:
UG Academic Advisor
SPH Associate Dean
SPH Admissions
Student