

## REQUEST FOR CAMPUS TRANSFER

Once an applicant accepts an admissions offer from a Campus and enrolls, that student is considered to be a student on that Campus. School of Public Health students may take courses at any School of Public Health location without the need to transfer.

This form should be used to request an official campus transfer within the School of Public Health. A student may use this form to request to the Department Chair on the campus where he/she would like to transfer with a copy to current Department Chair and both campus offices. The Department Chair will review the student's original admissions file as well as the student's School of Public Health transcript, in order to make a decision regarding the transfer request. Requests for campus transfers may not be made until a student spends at least one semester on the Campus where they were originally accepted. Please note courses taken for a specific department may not apply toward the degree if a student changes his/her Campus. Please type or print legibly.

**THIS FORM MUST BE SUBMITTED TO THE CAMPUS THE STUDENT WISHES TO ATTEND.**

1. **Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_  
Last Name First Name Middle Initial

2. **Rutgers Email Address:** \_\_\_\_\_

3. **Phone Numbers:**

Home Telephone Number (incl. area code)      Business Telephone Number (incl. area code)      Mobile Telephone Number (incl. area code)

4. **Semester Transfer to Take Effect:**     **Fall**             **Spring**             **Summer**      **Year** \_\_\_\_\_

5. **Current Campus:** (please check one)       **New Brunswick**       **Newark**

6. **Current Degree Program:** (please check one)       **MPH**       **MS**       **DrPH**       **PhD**

7. **Current Department/Program:** (please check one)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Biostatistics</b><br><input type="checkbox"/> <b>Dental Public Health</b><br><input type="checkbox"/> <b>Environmental and Occupational Health</b><br><input type="checkbox"/> <b>Epidemiology</b> | <input type="checkbox"/> <b>Health Education and Behavioral Science</b><br><input type="checkbox"/> <b>Health Systems and Policy</b><br><input type="checkbox"/> <b>Urban Health Administration</b><br><input type="checkbox"/> <b>Health Outcomes, Policy, and Economics</b> |
|--|---|

8. **Campus to which Student is Requesting to be Transferred:** (please check one)     **New Brunswick**     **Newark**

9. **Department/Program in which Student is Seeking Entrance:** (please check one)

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Biostatistics</b><br><input type="checkbox"/> <b>Dental Public Health</b><br><input type="checkbox"/> <b>Environmental and Occupational Health</b><br><input type="checkbox"/> <b>Epidemiology</b> | <input type="checkbox"/> <b>Health Education and Behavioral Science</b><br><input type="checkbox"/> <b>Health Systems and Policy</b><br><input type="checkbox"/> <b>Urban Health Administration</b><br><input type="checkbox"/> <b>Health Outcomes, Policy, and Economics</b> |
|--|---|

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Faculty Advisor Signature Date

\_\_\_\_\_  
Department Chair Signature (of new department) Date

(FOR OFFICE USE ONLY)

\_\_\_\_\_  
Office of the Registrar Signature Date

**RETURN TO  
CAMPUS  
OFFICE**

Copies to:  
Office of the Registrar  
Campus Offices  
Student