

REQUEST FOR CHANGE OF DEPARTMENT

This form should be used to request an official change of department within the School of Public Health. The department will review the student's original admission file, as well as the student's School of Public Health transcript, in order to make a decision regarding the change of department request. Please note courses taken for a specific department may not apply toward the degree if a student changes his/her Department. Please type or print legibly.

THIS FORM MUST BE SUBMITTED TO THE DEPARTMENT THE STUDENT WISHES TO JOIN.

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:** *(please check one)*

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Biostatistics
<input type="checkbox"/> Dental Public Health
<input type="checkbox"/> Environmental and Occupational Health
<input type="checkbox"/> Epidemiology | <input type="checkbox"/> Health Education and Behavioral Science
<input type="checkbox"/> Health Systems and Policy
<input type="checkbox"/> Urban Health Administration |
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8. **Department in which Student is Seeking Entrance:** *(please check one)*

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Biostatistics
<input type="checkbox"/> Dental Public Health
<input type="checkbox"/> Environmental and Occupational Health
<input type="checkbox"/> Epidemiology | <input type="checkbox"/> Health Education and Behavioral Science
<input type="checkbox"/> Health Systems and Policy
<input type="checkbox"/> Urban Health Administration |
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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 Office
Student