

REQUEST FOR DUAL DEPARTMENT

This form should be used to request a second 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 dual department request. Please note additional courses may be necessary to satisfy the degree requirements for both departments. Please type or print legibly.

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

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

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

6. **Current Department/Program:** *(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
<input type="checkbox"/> Health Outcomes, Policy, and Economics |
|--|---|

8. **Department/Program in which Student is Seeking Entrance for Dual Concentration:** *(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
<input type="checkbox"/> Health Outcomes, Policy, and Economics |
|--|---|

Student Signature Date

Faculty Advisor Signature Date

Department Chair Signature (of 1st department) Date

Department Chair Signature (of 2nd 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