

REQUEST FOR PROGRAM DEGREE TRANSFER

This form should be used to request an official transfer to a different degree within the School of Public Health. The Campus Admissions Committee 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 transfer request. Please type or print legibly.

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

1. **Name:** _____
Last Name
First Name
Middle Initial

2. **Student ID:** _____

3. **Rutgers Email Address:** _____

4. **Phone Numbers:**

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

5. **Semester Transfer to Take Effect:** **Fall** **Spring** **Summer** **Year** _____

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

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

If MS Degree, please specify which program: _____

8. **Requested Campus for Transfer:** *(please check one)* **New Brunswick** **Newark**

9. **Requested Program for Transfer:** *(please check one)* **Certificate** **MPH** **MS** **DrPH** **PhD**

If MS Degree, please specify which program: _____

If Certificate program, please specify which certificate: _____

10. **Department in which Student is Seeking Entrance:** _____
(Leave blank if requesting transfer to a Certificate program or MS-HOPE degree.)

Student Signature Date

Chair, Admissions Committee's Signature Date

Department Chair's Signature Date

Copies to:
Office of the Registrar
Campus of Origin
Campus of Transfer
Student