

REQUEST FOR INTERNAL CERTIFICATE

This form should be used to request adding a Certificate program to a degree program at the School of Public Health. Matriculated MPH, MS and doctoral students at the School of Public Health may submit a request after completing their first semester. The requested Certificate program will review the student's original admission file and the student's School of Public Health transcript, in order to make a decision regarding the internal Certificate request. Please note no more than six (6) credits may be counted towards the curricular requirements for both a degree and a certificate program. For more information and certificate requirements, visit sph.rutgers.edu/academics/certificates. Please type or print legibly.

THIS FORM MUST BE SUBMITTED TO THE CERTIFICATE PROGRAM THE STUDENT WISHES TO ADD.

1. **Name:** _____ **Student ID#:** _____
Last Name *First Name* *Middle Initial*
2. **Rutgers Email Address:** _____
3. **Primary Location:** (please check one) **New Brunswick** **Newark**
(Course availability for Certificate programs may depend on location.)
4. **Current Degree Program:** (please check one) **MPH** **MS** **PhD**
5. **Current Department/Program:** _____
6. **Certificate Program in which Student is Seeking Entrance:** _____
7. **Certificate Curriculum Plan:** (please list the courses for the specific Certificate the student will take as part of the Certificate Program)

Course No.	# Credits	Course Title	Semester to Be Taken (approx)	Is this Curric Requirement or Substitution?	Identify Which Courses Will be Shared between Degree and Certificate (no more than 6 credits)
				<input type="checkbox"/> Requirement <input type="checkbox"/> Substitution	Shared Credits: <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Requirement <input type="checkbox"/> Substitution	Shared Credits: <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Requirement <input type="checkbox"/> Substitution	Shared Credits: <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Requirement <input type="checkbox"/> Substitution	Shared Credits: <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Requirement <input type="checkbox"/> Substitution	Shared Credits: <input type="checkbox"/> Yes <input type="checkbox"/> No

Student Signature	Date
<i>Approved By</i>	
Current Faculty Advisor Signature	Date
Department Chair/Concentration Director Signature	Date
Certificate Program Director Signature (FOR OFFICE USE ONLY)	Date
Office of the Registrar Signature	Date

**RETURN TO
OFFICE OF
ADMISSIONS**

Copies to:
Office of Admissions
Office of the Registrar
Student