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 and students must graduate with both programs at the same time. For more information and certificate requirements, visit sph.rutgers.edu.

1. Name: __________________________________________________________
   Last Name  First Name Middle Initial  Student ID#: _________________________

2. Rutgers Email Address: ____________________________________________

3. Current Degree Program: (please check one)  □ MPH  □ MS  □ PhD  □ DrPH

4. Current Concentration: ___________________________________________

5. Certificate Program in which Student is Seeking Entrance: ______________

6. Number of Credits and Graduation Expectations:
   Do you understand that adding a Certificate program will increase the number of credits you need to graduate?  □ Yes  □ No
   Do you understand that you need to graduate with both programs together (one cannot be finished before the other)?  □ Yes  □ No

7. Certificate Curriculum Plan: (please list the courses for the specific Certificate the student will take as part of the Certificate Program)

<table>
<thead>
<tr>
<th>Course No.</th>
<th># Credits</th>
<th>Course Title</th>
<th>Semester to Be Taken (approx)</th>
<th>Is this Curric Requirement or Substitution?</th>
<th>Identify Which Courses Will be Shared between Degree and Certificate (no more than 6 credits)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Requirement</td>
<td>Shared Credits: □ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Substitution</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Requirement</td>
<td>Shared Credits: □ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Substitution</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Requirement</td>
<td>Shared Credits: □ Yes □ No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Substitution</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

_____________________________________________________________________________________________

Student Signature  Date

_____________________________________________________________________________________________

Current Academic Advisor Signature  Date

_____________________________________________________________________________________________

Department Chair/Concentration Director/Leader Signature  Date

_____________________________________________________________________________________________

Certificate Program Coordinator Signature  Date

_____________________________________________________________________________________________

Associate Dean for Academic Affairs Signature  Date

_____________________________________________________________________________________________

Office of the Registrar Signature  Date