

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 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.

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 Location:** (please check one) New Brunswick Newark
 7. **Current Degree Program:** (please check one) MPH Online MPH MS-Biostatistics MS-Epidemiology

MS-HOPE DrPH PhD
 8. **Requested Location for Transfer:** (please check one) New Brunswick Newark
 9. **Requested Program for Transfer:** (please check one) Certificate MPH Online MPH MPH Option for Clinicians*

MS-Biostatistics MS-Epidemiology MS-HOPE DrPH PhD

* See Item #11 below.
- If Certificate program, please specify which certificate: _____

10. **Concentration in which Student is Seeking Entrance:** _____
(Leave blank if requesting transfer to a Certificate program or MS-HOPE degree.)
11. **(Complete if requesting transfer into the MPH Option for Clinicians only):**
I understand the Eligibility Requirements for the MPH Option for Clinicians: (please check one) Yes No
To be eligible for the MPH Option for Clinicians, students must be currently licensed as a "health care provider" in a U.S. state or territory -AND- be performing within the scope of their practice as defined by State law. A copy of the license and workplace verification must accompany this form. Health care providers include: doctor of medicine or osteopathy, podiatrist, dentist, physician assistant, chiropractor, psychologist, optometrist, nurse practitioner, nurse-midwife, pharmacist, registered dietitian, social worker or licensed professional counselor or therapist who is authorized to practice by a State.

I have met with and provided ALL of my documentation regarding my eligibility to the Office of Admissions: (please check one) Yes No

Student Signature	Date
Current Academic Advisor	Date
Department Chair/Concentration/Program Director/Leader Signature (of new program)	Date
Department Chair/Concentration/Program Director/Leader Signature (of original program)	Date
Assistant Dean for Admissions and Recruitment Signature	Date

Copies to:
Office of Admissions
Office of the Registrar
Academic Advisor
Program of Origin
Program of Transfer
Student