



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:** _____ **Student ID#:** _____

*Last Name**First Name**Middle Initial*
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)

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
				<input type="checkbox"/> Requirement <input type="checkbox"/> Substitution	Shared Credits: <input type="checkbox"/> Yes <input type="checkbox"/> No

Student Signature	Date
Academic Advisor Signature	Date
Department Chair/Vice-Chair/Concentration/Program Director/Leader Signature	Date
Certificate Program Coordinator Signature	Date
Associate Dean for Academic Affairs Signature	Date
Office of the Registrar Signature	Date

Copies to:
Office of the Registrar
Dept of Certificate
Certificate Coordinator
Academic Advisor
Student