RUTGERS HEALTH
School of Public Health

Office of Admissions
Rutgers, The State University of New Jersey
683 Hoes Lane West, Room 110
Piscataway, NJ 08854

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admissions@sph.rutgers.edu
p. (732) 235-4646

Request for Certificate Program Transfer

This form should be used to request an official transfer to a different certificate program 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 certificate program transfer request.

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 Certificate Program:** _____

7. **Current Location:** *(please check one)* ❑ **New Brunswick** ❑ **Newark** ❑ **Online**

8. **Requested Certificate Program for Transfer:** _____

9. **Requested Location for Transfer:** *(please check one)* ❑ **New Brunswick** ❑ **Newark** ❑ **Online**

_____
Student Signature Date

_____
Current Academic Advisor Date

_____
Department Chair/Vice-Chair/Concentration/Certificate Coordinator Signature (of new program) Date

_____
Department Chair/Vice-Chair/Concentration/Certificate Coordinator Signature (of original program) Date

_____
Assistant Dean for Admissions and Recruitment Signature Date

RETURN TO OFFICE OF ADMISSIONS

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