

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

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

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