

Request for Change of Concentration

This form should be used to request a change of concentration within the School of Public Health. An interested student should first meet with their current academic advisor and then the concentration that the student wishes to join. The new concentration 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 request. A change in concentration is not guaranteed. Courses taken for a specific degree/certificate/concentration may not apply toward the new concentration if a student changes concentrations.

1. **Name:** _____ **Student ID#:** _____
Last Name *First Name* *Middle Initial*

2. **Rutgers Email Address:** _____

3. **Phone Numbers:**

_____ *Home Telephone Number (incl. area code)* _____ *Business Telephone Number (incl. area code)* _____ *Mobile Telephone Number (incl. area code)*

4. **Semester Transfer to Take Effect:** **Fall** **Spring** **Summer** Year _____

5. **Current Location:** *(please check one)* **New Brunswick** **Newark**

6. **Current Degree Program:** *(please check one)* **MPH** **MS** **PhD**

7. **Current Concentration:** *(please check one)*

<input type="checkbox"/> Biostatistics <input type="checkbox"/> Environmental & Occupational Health (<i>PhD</i>) <input type="checkbox"/> Environmental Health Sciences <input type="checkbox"/> Epidemiology <input type="checkbox"/> Global Public Health <input type="checkbox"/> Health Outcomes, Policy & Economics (<i>MS</i>)	<input type="checkbox"/> Health Systems & Policy <input type="checkbox"/> LGBTQ Health <input type="checkbox"/> Occupational Safety & Health <input type="checkbox"/> Occupational & Environmental Medicine <input type="checkbox"/> Pharmacoepidemiology (<i>MS</i>) <input type="checkbox"/> Population Aging	<input type="checkbox"/> Population Mental Health <input type="checkbox"/> Public Health Nutrition <input type="checkbox"/> Public Health Practice for Health Profs. <input type="checkbox"/> Social & Behavioral Health Sciences <input type="checkbox"/> Social Work & Public Health (<i>MSW/MPH</i>) <input type="checkbox"/> Urban Public Health
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8. **Concentration in which Student is Seeking Entrance:** *(please check one)*

<input type="checkbox"/> Biostatistics <input type="checkbox"/> Environmental & Occupational Health (<i>PhD</i>) <input type="checkbox"/> Environmental Health Sciences <input type="checkbox"/> Epidemiology <input type="checkbox"/> Global Public Health <input type="checkbox"/> Health Outcomes, Policy & Economics (<i>MS</i>)	<input type="checkbox"/> Health Systems & Policy <input type="checkbox"/> LGBTQ Health <input type="checkbox"/> Occupational Safety & Health <input type="checkbox"/> Occupational & Environmental Medicine <input type="checkbox"/> Pharmacoepidemiology (<i>MS</i>) <input type="checkbox"/> Population Aging	<input type="checkbox"/> Population Mental Health <input type="checkbox"/> Public Health Nutrition <input type="checkbox"/> Public Health Practice for Health Profs. <input type="checkbox"/> Social & Behavioral Health Sciences <input type="checkbox"/> Social Work & Public Health (<i>MSW/MPH</i>) <input type="checkbox"/> Urban Public Health
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Student Signature Date

Current Academic Advisor Signature Date

Department Chair/Concentration Director/Leader Signature (of new dept/conc) Date

Department Chair/Concentration Director/Leader Signature (of current dept/conc) Date

Assistant Dean for Student Services and Alumni Affairs Signature Date

Office of the Registrar Signature Date

Copies to:
Office of the Registrar
Dept/Conc of Origin
Dept/Conc of Transfer
Student