

Request for Approval of PhD Degree Program Prerequisites

This form should be used by new PhD in Public Health students to request a review of previous coursework that the student feels satisfies the PhD degree program prerequisites for their concentration. PhD degree program prerequisites are expected to be completed prior to the start of the PhD in Public Health. Students should consult with their advisor prior to the summer semester before they begin the PhD in Public Health in the fall semester. Please note: PhD degree program prerequisites do NOT count toward the number of credits required for the PhD in Public Health.

- Name:** _____ **Date of Birth:** _____
Last Name First Name Middle Initial
- Email Address:** _____
- Expected Start Date of PhD in Public Health:** _____
- PhD in Public Health Concentration:** _____
- Doctoral Academic Advisor:** _____
- Do you have one or more PhD Degree Program Prerequisites that you want reviewed?** No Yes

If yes, please list the PhD Degree Program Prerequisites you want reviewed:

Please attach course syllabi (or equivalent) to this form.

Prerequisite Course Number and Title	# Credits	Semester and Year Taken	Was Prerequisite Course Taken at a school or program in public health*?	If Course Satisfies a Prerequisite Course Requirement, what is the Equivalent School Course Number and Title at SPH?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved by Rutgers Course Instructor/Department Chair/Concentration Director: _____				
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved by Rutgers Course Instructor/Department Chair/Concentration Director: _____				
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved by Rutgers Course Instructor/Department Chair/Concentration Director: _____				

If Prerequisite Course was taken at a school or program in public health, please identify school/program: _____

If prerequisite course is from a CEPH-accredited school or program, it is at the discretion of the department chair/concentration director to waive syllabus review.

Student Signature Date

Academic Advisor Signature Date

Department Chair/Concentration Director Signature Date

Office of the Registrar Signature Date

Copies to:
Office of the Registrar-SPH
Office of the Registrar-SGS
Academic Advisor
Dept Chair/Conc Director
Student