RUTGERS
School of Public Health

Office of the Registrar
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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)*
   - ❑ **Biostatistics**
   - ❑ **Environmental & Occupational Health** *(PhD)*
   - ❑ **Environmental Health Sciences**
   - ❑ **Epidemiology**
   - ❑ **Global Public Health**
   - ❑ **Health Outcomes, Policy & Economics** *(MS)*
   - ❑ **Health Systems & Policy**
   - ❑ **LGBTQ Health**
   - ❑ **Occupational Safety & Health**
   - ❑ **Occupational & Environmental Medicine**
   - ❑ **Pharmacoepidemiology** *(MS)*
   - ❑ **Population Aging**
   - ❑ **Population Mental Health**
   - ❑ **Public Health Nutrition**
   - ❑ **Public Health Practice for Health Profs.**
   - ❑ **Social & Behavioral Health Sciences**
   - ❑ **Social Work & Public Health** *(MSW/MPH)*
   - ❑ **Urban Public Health**
8. **Concentration in which Student is Seeking Entrance:** *(please check one)*
   - ❑ **Biostatistics**
   - ❑ **Environmental & Occupational Health** *(PhD)*
   - ❑ **Environmental Health Sciences**
   - ❑ **Epidemiology**
   - ❑ **Global Public Health**
   - ❑ **Health Outcomes, Policy & Economics** *(MS)*
   - ❑ **Health Systems & Policy**
   - ❑ **LGBTQ Health**
   - ❑ **Occupational Safety & Health**
   - ❑ **Occupational & Environmental Medicine**
   - ❑ **Pharmacoepidemiology** *(MS)*
   - ❑ **Population Aging**
   - ❑ **Population Mental Health**
   - ❑ **Public Health Nutrition**
   - ❑ **Public Health Practice for Health Profs.**
   - ❑ **Social & Behavioral Health Sciences**
   - ❑ **Social Work & Public Health** *(MSW/MPH)*
   - ❑ **Urban Public Health**

_____
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