INTERDEPARTMENTAL CHANGE OF PROGRAM APPLICATION

Form to be used for program changes within one department.

Student Name: ___________________________________  Department Name: ____________________________

Student ID: _____________________________________  Student E-mail: _________________________________

Change Program from: _______________________________ to ____________________________________________

Effective Term/Year:  Fall 20 _____

                      Winter 20 _____

Degree Type:  MPH _____  MHSA _____  OJOC_____  

Required Credit Hours For Degree:  42_____  48_____  60_____  Other: _____

This section to be completed by the Department Admissions Chair or Department Designee:

_____ Approved

_____ Denied

Student Signature  Date

Admissions Chair or Designee Signature / Name Printed  Date

Approved by the Office for Student Engagement and Practice, SPH  Date

Updated: 02/16/2016