

Date: _____
Rec'd By: _____

**College of Public Health  
Change of MPH Concentration Area**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Matriculation Date:** \_\_\_\_\_

**Current Concentration:** \_\_\_\_\_

**Request for change to:**

- |       |                               |       |                              |
|-------|-------------------------------|-------|------------------------------|
| _____ | Biostatistics                 | _____ | Environmental Health Science |
| _____ | Epidemiology                  | _____ | Health Policy and Management |
| _____ | Health Promotion and Behavior |       |                              |

**Assistantship Status:**

- \_\_\_\_\_ I have an assistantship in my department  
(I understand that my assistantship may be terminated by switching departments)
- \_\_\_\_\_ I do not have an assistantship

**Rationale:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

**Approval:**

\_\_\_\_\_  
Department Graduate Coordinator Print Name Date  
(From Department you are requesting entrance)

\_\_\_\_\_  
MPH Graduate Coordinator Print Name Date