

DEGREE PROGRAM / DEPARTMENT CHANGE REQUEST

Direct questions to: registrar@hsph.harvard.edu. After completing all signatures, submit to the Registrar's Office by uploading the form in my.harvard.

Last Name: _____ First Name: _____

Harvard ID: _____

Degree (select one): MPH (45) MPH (65) MPH (Summer-Only)

SM1 SM1 (Summer-Only) SM2 SM60

*Please note that changes to your program may have financial implications.

REQUEST

- Change in Degree Program/Department
- Change within the MPH program
- Change in Environmental Health Concentration

Brief reason for request (full details in Reason for Request (attached)): _____

Current Degree Program:

Degree Program (with credits): _____

Department¹: _____

Concentration/Field of Study/Area of Interest²: _____

Prospective Degree Information:

Degree Program (with credits): _____

Department¹: _____

Concentration/Field of Study/Area of Interest²: _____

¹Applicants to the Master of Public Health (MPH) do not indicate a department.

²Applicants to the MPH, Dept. of Environmental Health or Dept. of Epidemiology must specify a concentration, field of study, or area of interest.

Change to take Effect

Fall Semester

Spring Semester

Summer Session

Intended Status/Course Load

Full-Time Student

Part-Time Student

Summer-Only Student

- Part-time MPH-45 and MPH-65 students have up to three years to complete the requirements of the degree.
- Part-time Master of Science (SM 42.5-credit) students have two years to complete the requirements of the degree.

- Part-time Master of Science (SM 80-credit) students have four years to complete the requirements of the degree.
 - Part-time SD students have seven years to complete the requirements of the degree.
 - Summer-only programs are limited to the MPH-45 in Clinical Effectiveness, or SM 42.5-credit in Epidemiology. Students in this category may have up to three summers to complete the requirements of the degree.
 - Please note that students with an F1 student visa are not eligible for part-time programs.
-

Please include the following with your application:

❖ **Reason for Request**

Your statement should be approximately 500 words in length and should describe the following:

1. Your academic and/or professional preparation for a career in public health
2. Your reasons for wanting to enroll in the degree program and department to which you are applying
3. Your career plans upon completion of the program at the Harvard Chan School

Note any relevant strengths and weaknesses in your background or in your ability to carry out your professional responsibilities. Do not underestimate the importance of this statement. It is your opportunity to inform the faculty reviewers of your qualifications, motivation and potential to contribute to the field of public health.

❖ **Academic plan for completion of New Degree program**

Should include plans for completion of requirements of new department/degree program, including previously completed courses approved for transfer. Should be approved by new academic advisor as well as new academic administrator and/or program director.

❖ **Grade Report**

Signatures Indicating Discussion of Change with Student and Recommendation for Approval

Are you an international student? If yes, HIO signature required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Advisor Signature: _____	Date: _____/_____/_____	
Current Dept. Chair/Program Head: _____	Date: _____/_____/_____	
Prospective Dept. Chair/Program Head: _____	Date: _____/_____/_____	
Financial Aid Office Signature*: _____	Date: _____/_____/_____	
Harvard International Office Signature**: _____	Date: _____/_____/_____	

* Required for students receiving Financial Aid.

**Required for International students.

Student Signature

- I have discussed this degree program change with both my current and prospective departments/program and I meet the minimum requirements of my prospective degree program.
- If I am on a Harvard-sponsored visa, I have been in contact with the Harvard International Office. I understand the implications that this change will have and know if I need to submit documentation to change/extend my visa (in a process separate from this one).
- I understand that changing my program could impact my charges and/or financial aid package. I have been in contact with the Registrar's Office regarding tuition implications, and with the Office of Financial Aid, if necessary.
- Any decisions are not final until approved by a representative of the CAD subcommittee.
- I certify that the information presented in my application is accurate, complete and honestly presented.
- I understand and agree that any inaccurate or misleading information, as well as any omission of information, will be cause for the rescission of any offer of admission, or for discipline, dismissal or revocation of degrees if discovered at a later time.
- I understand that my application and any materials submitted with my application become the property of the Harvard Chan School.
- I understand that all email communications will be sent to my Harvard Chan email address only.

Student's Signature: _____ Date: ____/____/____

REGISTRAR OFFICE USE ONLY

- The above request was approved The above request was not approved
- This change alters the student's expected graduation date
- Yes, new date: ____/____ No date change

Signature: _____

Printed Name: _____

Date: ____/____/____