

UAMS

College of Public Health

Change in MPH Degree Program

I, _____, student ID number _____, hereby request to change MPH degree programs (specialty track) from _____ to _____.

Student Signature Date

I have discussed this change with the student and approve the request:

Current Academic Advisor/ Generalist Advisory Committee Chair Date

Current Department Chair (if required) Date

Generalist Advisor Committee Member (if applicable)** Date

Generalist Advisor Committee Member (if applicable)** Date

Proposed Academic Advisor/ Generalist Advisory Committee Chair** Date

Proposed Department Chair (if required) Date

- Approved
- Denied

Associate Dean for MPH Programs Signature Date

Notes and Explanation:

FOR REGISTRAR'S PURPOSE ONLY:

Specialty Track Assessment Confirmation Number Date Student