

Tufts University School of Medicine  
Public Health and Professional Degree Programs

**Change of Status**

*Requesting a change in Concentration and/or Advisor Information;  
Changing status from a Master's Program to a Certificate Program*

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Degree Program: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**1) Change in Concentration**

Students requesting a change should acquire the approval of their current concentration leader then meet with the concentration leader for the new concentration. Please attach a transcript for the concentration leader to review. The completed form plus attached transcript should then be turned into the Registrar's Office.

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

New Concentration: \_\_\_\_\_

Reason: \_\_\_\_\_

Current Concentration Leader Signature

Date

Change Approved Yes  No

New Concentration Leader Signature

Date

Change Approved Yes  No

**2) Change in Advisor**

Current Advisor assigned: \_\_\_\_\_ New Advisor Requested: \_\_\_\_\_

New Advisor Signature

Date

**3) Change in Status: Master's Degree Candidate to Certificate Candidate**

Reason: \_\_\_\_\_

Advisor Signature

Date

**4) Change in Status: PREP Program Credit Requirement**

MS-PREP change from 48 to 44 credit requirement  MS-PREP/NESA Program change from 40 credits to 36

Program Director Signature

Date

Concentration or Advisor Change:

Copies to: Current Concentration Leader  
New Concentration Leader  
Current Advisor  
New Advisor  
Student file

Degree to Certificate Change

Copies to: Bursar Office  
Financial Aid  
Office of International Affairs (if applicable)  
SAHA  
Student file

Update SIS and Elist: \_\_\_\_\_

Updated 10/2011