

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/Track

Students requesting a change must acquire the approval of their current concentration leader (MPH) or program director (MS-HIA) then meet with the concentration leader (MPH) for the new concentration. The completed form plus attached transcript should then be turned into the Registrar's Office.

Current Concentration or Track: _____

New Concentration or Track: _____

Reason: _____

Current Concentration/Track Leader/Program Director Signature

Date

Change Approved Yes

No

New Concentration/Track Leader/Program Director Signature

Date

Change Approved Yes

No

2) Change in Advisor Request

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