

GENERAL PETITION

Last Name: _____ First Name: _____
Harvard ID: _____ Department/Program: _____
Advisor: _____ Expected Graduation Date: _____
Degree (select one): SM1 SM1 (Summer-Only) SM2 SM60 SD DrPH
 MPH (45) MPH (65) MPH (Summer-Only) Other: _____

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

REQUEST

- Change enrollment status to full-time Change enrollment status to part-time
 Enroll for research credit prior to the Oral Exam Extend graduation date
 Enroll over half of the credits outside Harvard Chan
 Other: _____

Change to take Effect: Fall Spring Summer
Reason for Request (use separate page if necessary): _____

REQUIRED SIGNATURES: after completing all signatures, submit to the Registrar's Office via email registrar@hsph.harvard.edu.

Student's Signature: _____ Date: ____/____/____
Advisor's Approval: _____ Date: ____/____/____
Dept. Chair/Program Head Approval: _____ Date: ____/____/____
Dept. Chair's Approval: _____ Date: ____/____/____

(Dual Degree Candidates only)

REGISTRAR OFFICE USE ONLY

- The above request was approved
 The above request was not approved for the following reason(s): _____

Comments: _____

CAD Subcommittee Signature: _____ Date: ____/____/____