DEGREE PROGRAM / DEPARTMENT CHANGE REQUEST

Date: __________________ (mm/dd/yyyy)

For changes within the MPH: Use alternative Change Request within the MPH Form

Direct questions to: ADMISSIONS@hsph.harvard.edu
Harvard Chan School Admissions Office, 158 Longwood Avenue

1. Personal Information

Name: ________________________________________________________________
Harvard ID: __________________________________________________________

2. Type of Request

☐ Change in Degree Program/Department
☐ Add Department to Doctoral Degree (SD)
☐ Add Master of Science in BIO along the way to a Doctoral Degree
☐ Change in Environmental Health Concentration
☐ Other (to be explained below and discussed in depth with prospective department)

Brief reason for request (full details in statement of purpose):

________________________________________________________________________
________________________________________________________________________

3. Current Degree Program

<table>
<thead>
<tr>
<th>Degree Program (with credits)</th>
<th>Department¹</th>
<th>Concentration/Field of Study/Area of Interest²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Prospective Degree Information

A. Students changing from their current program should use this table only.

<table>
<thead>
<tr>
<th>Degree Program (with credits)</th>
<th>Department¹</th>
<th>Concentration/Field of Study/Area of Interest²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Students adding an additional program should use this table only.

<table>
<thead>
<tr>
<th>Degree Program (with credits)</th>
<th>Department¹</th>
<th>Concentration/Field of Study/Area of Interest²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

5. Change to take Effect

☐ Fall Semester  ☐ Spring Semester  ☐ Summer Session

6. 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 doctoral students have seven years to complete the requirements of the degree.
- Summer-only programs are limited to the MPH-45 in Clinical Effectiveness, MPH-45 in Quantitative Methods (retired), or SM 42.5-credit in Epidemiology. Students in this category may have up to three summers to complete the requirements of the degree.
- Students with an F1 student visa are not eligible for part-time programs.
7. Letters of Recommendation
Please provide the names of your recommenders:

1: __________________________________________________________

2: __________________________________________________________

Note: Environmental Health concentration change applications and changes within the same department only need one letter of recommendation.

8. Statement of Purpose
The statement of purpose must be typed and double-spaced. Please be sure your name appears on each page. 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 make a contribution to the field of public health.

9. Include a Copy of your CV or Resume

10. Signatures Indicating Discussion of Change with Student

Advisor’s Approval:

Current Dept. Chair’s Approval:

(professor/program head)

Prospective Dept. Chair has spoken with student:

(professor/program head)

11. Student Signature

- I have discussed this degree program change with both my current and prospective departments 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 Office of Financial Aid, if necessary.
- Any decisions are not final until approved by a representative of the CAD subcommittee.
- I give permission for the current and prospective program administrators to have access to my entire student file.
- I certify that the information presented in my application is accurate, complete and honestly presented.
- I certify that all information submitted on my behalf, including letter(s) of recommendation, is authentic.
- 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 letters of recommendation cannot be used for purposes other than review for admission.
- I understand that all email communications will be sent to my Harvard Chan email address only.

Student Signature ___________________________ Date (mm/dd/yyyy)

Student turns in form to Admissions Office, 158 Longwood Avenue, at this time.

Admissions Office brings complete application to the prospective academic department.

12. Prospective Department Signature

Indicating Approval Status

Must be signed by Dept. Chair/Concentration Head of Prospective Department

☐ Approved ☐ Not Approved

This change alters the student's expected graduation date: ☐ Yes; new date: _____________ ☐ No date change

Signature ___________________________ Printed Name ___________________________ Date (mm/dd/yyyy)

Department returns form to Admissions Office, 158 Longwood Avenue, at this time.