



University of Michigan School of Public Health

Office of Academic Affairs: Registrar's Office

109 S. Observatory, Room 3537, SPH I, Ann Arbor, MI 48109-2029

734-764-5425, Fax: 734-763-5455, Email: sph.registrar@umich.edu, www.sph.umich.edu/

APPLICATION FOR CHANGE OF PROGRAM

(Submit this form to the Department)

1. Check One: Change of Program (includes change of degree level) ____
Dual Degree ____

<p>2. UMID _____</p> <p>3. Last/ Family Name: _____ First Name: _____ Middle Name: _____ Other/Previously Used Name: _____</p> <p>4. Male ____ Female ____</p> <p>5. Birthdate: _____</p> <p>6. Birthplace (City, State/Country): _____</p> <p>7. Check One: Citizenship: U. S. Citizen U. S. Permanent Resident Perm.Res.Reg.No.: A _____ Country of Citizenship, if not U.S.: _____ Visa: _____</p>	<p>8. Current Mailing Address (valid until: _____) Street, Apt. Number: _____ City, State, Zip Code: _____ Country: _____ Daytime telephone: Area Code/Number: _____ Email Address: _____</p>
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<p>9. Current Program: _____ Last Term of Enrollment: _____ Degree Level: _____ Do you intend to complete this Program? Yes ____ No ____</p>	<p>10. Program of Application: _____ Plan: (_____) Degree Level: _____ Term of Proposed Enrollment (check one): Fall ____ Winter ____ Spring ____ Summer ____</p>
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11. Residency: Michigan Resident, since (month/year) _____ Non-Michigan Resident ____
Housing: None ____ Dorm ____ Family ____

12. Education: List all institutions from which you have received or will receive a degree. In addition, list all other post-secondary institutions attended. Submit one official transcript from each institution attended to the department to which you are applying (not necessary for change of degree level).

Institution	Location (city, state/country)	Major Field	Degree/Diploma	Dates Attended

13. List all employment or other activities for the previous 3 years:

Employer	City, State/Country	Position/Title	Dates: From-To

14. List significant scholarships and fellowships previously awarded as a graduate or as an undergraduate student.

Award	Title	Institution	Duration of Award

15. List major academic recognition, honors and memberships including honor societies.

16. List any fellowships currently received, or applied to, from SPH.

17. I certify that I have read all instructions and that information in this application is true and complete. I understand that misrepresentation may be cause for cancellation of this change of status. I understand all credentials and documents I submit become property of the University of Michigan.

Signature _____ Date _____

Space Below for School Use Only

TO BE COMPLETED BY THE PROGRAM CHAIR:

VERIFY accuracy of term, program, and degree level stated above. Change item #10 if they do not agree with your decision.

ADMISSION:

Regular _____

Conditional _____

Lack of Preparation _____

Probationary _____

WITHDRAWAL:

Application was incomplete _____ Student requested withdrawal _____

Application received too late _____ Other _____

DENIAL:

Applicant's overall qualifications are not as strong as those admitted. _____

PROGRAM CHAIR'S SIGNATURE _____ **DATE** _____

NOTES BY THE OFFICE OF ACADEMIC AFFAIRS:

OAA APPROVAL / SIGNATURE & NAME PRINTED _____ **DATE** _____