



**University of Michigan School of Public Health**

Office of Academic Affairs: Registrar's Office

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**INTERDEPARTMENTAL CHANGE OF PROGRAM APPLICATION**

**Form to be used for program changes within one department.**

Student Name: _____	Department Name: _____
Student ID: _____	Program Name: _____

Change Program from \_\_\_\_\_ to \_\_\_\_\_

Effective Term/Year      Fall 20\_\_\_\_\_

Winter 20\_\_\_\_\_

Degree Type:    \_\_\_MPH    \_\_\_MHSA    \_\_\_OJOC

Required Credit hours for degree:    \_\_\_42    \_\_\_48    \_\_\_60    Other: \_\_\_\_\_

\_\_\_ Approved

\_\_\_ Denied

_____	_____
Student Signature	Date

_____	_____
Admissions Chair or Designee Signature / Name Printed	Date

_____	_____
Approved by the Office of Academic Affairs, SPH	Date