



# SCHOOL OF PUBLIC HEALTH

## Program Modification Request Form

### I. STUDENT INFORMATION

_____	_____	_____	_____
Name	Student ID	Phone	Email Address
_____	_____	_____	_____
Current Program	New Program	Intended Term/Yr of Transfer	

Current Catalog Year \_\_\_\_\_ Desired Catalog Year \_\_\_\_\_

Your catalog year determines which set of degree requirements you must follow, and is usually the academic year you entered your original program. Degree requirements can change from year to year. You may choose to move to a later catalog year if the new requirements better fit your plans. You may not select an earlier catalog year.

I, \_\_\_\_\_, understand that by signing this form and submitting it the OHSU-PSU School of Public Health Program Office to request a change in my degree/major status:

1. My tuition rates, fee structures, affiliated program costs, and/or graduation dates may be affected.  
[Note: There is a tuition differential between PhD and master's level programs, and between campus-based and online programs. Students in the online Graduate Certificate in Public Health are not eligible for health insurance.]
2. Financial aid awards or the ability to receive internal and external scholarships may be affected.
3. I may be asked to submit an official transcript from my current program of study to my intended program of study.
4. That this is an application, and that my request will undergo a review process by the new program I have selected.

Complete the following statement if applying to transfer from a program based at one campus to a program based at a different campus (Leave blank if not applicable): I, \_\_\_\_\_, authorize the \_\_\_\_\_ Registrar's Office to release my original SPH application to the \_\_\_\_\_ Registrar's Office.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### II. APPROVALS

_____	_____	_____
Current Program Director Name	Current Program Director Signature	Date
_____	_____	_____
New Program Director Name	New Program Director Signature	Date
_____	_____	_____
OHSU Registrar's Office Representative	OHSU Registrar's Office Rep. Signature	Date



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## Program Modification Request Checklist

Prior to submitting a Program Modification Request Form, students must complete the following items and submit all required documents as one complete package:

- Meet with your current Faculty Advisor and Program Director.
- Meet with your proposed Program Director.
- Notify Student Affairs ([sphregistration@ohsu.edu](mailto:sphregistration@ohsu.edu)) of your intent to change programs.
- Describe, in one paragraph, your reason for transfer (attachment)
- New statement of purpose (attachment)

Please return completed form and statements to:  
OHSU-PSU School of Public Health  
1810 SW Fifth Ave, Suite 510  
Portland, Oregon 97201  
[sphregistration@ohsu.edu](mailto:sphregistration@ohsu.edu)