

Instructions: This form is for current University of Minnesota School of Public Health MHA, MPH, MS, PhD and Certificate in Public Health Core Concepts students who are seeking a change of major and/or degree objective within the School of Public Health. Please complete and send this application, along with the following items, to the address noted on the bottom of this form.

- \$55.00 application fee (check or money order only – made payable to the “University of Minnesota”)
- Statement of purpose and objectives reflecting your goals
- Updated résumé or C.V.
- 2 new letters of recommendation (or have your recommenders send their letters directly to the address at the bottom of this form)
- Proposed research statement – Environmental Health or Epidemiology PhD applicants only – go to www.sph.umn.edu/prospective/admissions/phd.asp for more information.

The application for your current SPH program and a copy of your University of Minnesota transcript will be forwarded along with the above-mentioned supporting documentation to the admissions committee for your proposed SPH program. You will hear in writing of the admissions committee’s decision.

Academic Test Scores: If you did not provide academic test scores (e.g. GRE, GMAT) for your current program, you may be required to provide official scores for your proposed program. Please contact your proposed program if you have questions regarding academic test score requirements. If you are having new GRE scores sent in support of this application, have ETS send your official scores to institution code **6874**.

Note: Fields marked with ■ are required.

Last/family name ■	First name ■	M.I.	U of M student ID number ■
Preferred phone	Preferred e-mail address ■		Date of birth (mm/dd/yyyy) ■
Current Citizenship Status (choose one) ■			
U.S. Citizen		U.S. Permanent Resident	Foreign Citizen

Current School of Public Health Program

Current degree program (choose one) ■					
M.H.A.	M.P.H.	M.S.	Ph.D.	Regent’s Certificate	
Current major field ■					
Are you planning to complete your current major/degree program? ■					
				Yes	No

Proposed School of Public Health Program

Proposed degree program (choose one) ■					
M.H.A.	M.P.H.	M.S.	Ph.D.	Regent’s Certificate	
Proposed major field ■					
Proposed term of change ■					
Fall		Spring	Summer	20	

Signature

I certify that the information on this form is complete and accurate. I understand that misrepresentation of application information is sufficient grounds for denial of admission and for canceling admission or registration and that submission of fraudulent credentials may also be a criminal offense.

Applicant Signature ■

Date ■

Send to:

Student Services Center
University of Minnesota School of Public Health
MMC 819, Rm D305 Mayo Building
420 Delaware St SE
Minneapolis, MN 55455