Boston University School of Public Health
Application for MPH Concentration Change

FORM IS TWO PAGES; ALL INFORMATION IS REQUIRED. MISSING INFORMATION WILL DELAY PROCESSING.

Student Name: ___________________________________________ BU ID: U____ - _____ - _____
(last, first)

Phone: (___) __-________________________ Email: __________________________

Anticipated graduation date: ☐ Jan ☐ May ☐ Sept 20___

Current concentration(s)*: ☐ BS ☐ EP ☐ EH ☐ PM ☐ IH/GH ☐ LW ☐ MC ☐ SB

Desired concentration(s): ☐ BS ☐ EP ☐ EH ☐ PM ☐ IH/GH ☐ LW ☐ MC ☐ SB

If applying for dual concentrations, indicate both.

PLEASE NOTE:
1. Students will be responsible for all requirements for your new concentration(s) at the time of the change, and she will receive a copy of these requirements from the Registrar’s Office. Once the process is completed and all signatures are obtained, you will be assigned an academic advisor in your new concentration.
2. Dual concentrators who wish to drop one concentration do not need faculty approval, a written statement, or tentative schedule. Simply select your concentration and sign and date below.

Completed applications must include:
1. A one page statement indicating the reason for changing your concentration
2. A tentative schedule outlining how you will satisfy the concentration requirements by your anticipated graduation date. This schedule should include BUSPH courses taken to date and any approved transfer credits.
3. Completed degree self-audit sheets for your new concentration (and old, if adding a concentration with this form) to confirm that all courses you plan to take will count toward your degree/concentration(s). Self-audit sheets are available on the SPH website: http://www.bu.edu/sph.students/resources/graduation/mph-graduation-audit-sheets/.
5. Review and signature from the designated faculty member in the concentration you wish to add (see box below). If you wish to add a dual concentration, you must have your application reviewed by both concentrations.

My signature below
1. Indicates my permission to have my academic record reviewed by faculty concentration representatives;
2. Signifies that I have read the BUSPH bulletin and concentrator’s guide(s) and am prepared to meet the graduation standards in the new/additional concentration;
3. Indicates my understanding that it is my responsibility to meet with the faculty representative in the new concentration, get all appropriate signatures, and discuss this change with my academic advisor; and
4. Indicates that it is my responsibility to make appropriate course choices that meet my graduation requirements. I will not make assumptions about courses that are not listed as counting toward my concentration(s).

Student’s Signature: __________________________ Date: ______________

*Concentration Abbreviations & Contact Information

<table>
<thead>
<tr>
<th>BS</th>
<th>Biostatistics</th>
<th>Tim Heeren</th>
<th><a href="mailto:tch@bu.edu">tch@bu.edu</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>EH</td>
<td>Environmental Health</td>
<td>Jonathan Levy</td>
<td><a href="mailto:jonlevy@bu.edu">jonlevy@bu.edu</a></td>
</tr>
<tr>
<td>EP</td>
<td>Epidemiology</td>
<td>Dan Brooks</td>
<td><a href="mailto:danbrook@bu.edu">danbrook@bu.edu</a></td>
</tr>
<tr>
<td>PM</td>
<td>Health Policy and Management</td>
<td>Vicky Parker</td>
<td><a href="mailto:vaparker@bu.edu">vaparker@bu.edu</a></td>
</tr>
<tr>
<td>IH/GH</td>
<td>Global Health</td>
<td>Joseph Anzalone</td>
<td><a href="mailto:josanz@bu.edu">josanz@bu.edu</a></td>
</tr>
<tr>
<td>LW</td>
<td>Health Law, Bioethics &amp; Human Rights</td>
<td>Winnie Roche</td>
<td><a href="mailto:pwroche@bu.edu">pwroche@bu.edu</a></td>
</tr>
<tr>
<td>MC</td>
<td>Maternal and Child Health</td>
<td>Lois McCloskey</td>
<td><a href="mailto:loism@bu.edu">loism@bu.edu</a></td>
</tr>
<tr>
<td>SB</td>
<td>Social and Behavioral Sciences</td>
<td>Michael Siegel</td>
<td><a href="mailto:mb.siegel@bu.edu">mb.siegel@bu.edu</a></td>
</tr>
</tbody>
</table>

Concentration Change Applications will not be accepted without proper review and signature.
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I, the designated department reviewer, have reviewed this application and have the following comments:

Signature: ___________________________ Date: ___________________________

Name (please print): ___________________________

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Dual Concentrators Only

Students wishing to dual concentrate must consult with department reviewers in both the current and the new concentrations to ensure all graduation requirements can be met by the proposed graduation date. Both department representatives must sign off on this concentration change form.

I, the designated department reviewer, have reviewed this application and have the following comments:

Signature: ___________________________ Date: ___________________________

Name (please print): ___________________________

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Completed applications must be submitted to the Registrar’s Office, Talbot 210 Central.

For Registrar’s Office Use Only

Date Entered into UIS: _______________ Student E-mailed: _______________
Concentrations Notified: _______________ New Advisor Assigned: ___________