Boston University School of Public Health-Health Policy & Management
Application for Designation of Sub-concentration

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 sub-concentration: [ ] Management [ ] Policy [ ] Finance [ ] No current sub-concentration

Desired sub-concentration: [ ] Management [ ] Policy [ ] Finance [ ] I would like to drop my sub-concentration

PLEASE NOTE:
1. Students will be responsible for all requirements of their sub-concentration for the year in which their sub-concentration is declared, and can find requirements on degree audit sheets.
2. If a student signs up for a sub-concentration and later decides they no longer wish to complete it, this application must be submitted again in order to formally remove designation.

Completed applications must include:
1. This form completed in full.
2. Completed degree self-audit sheets for your chosen sub-concentration to confirm that the courses you plan to take or have taken in the past will completely meet the requirements of your degree/sub-concentration. Self-audit sheets are available on the SPH website: http://www.bu.edu/sph/students/resources/graduation/mph-graduation-audit-sheets/.
3. An unofficial copy of your transcript. You may print this from www.bu.edu/studentlink.
4. Review and signature from the student’s Health Policy & Management advisor.

My signature below
1. signifies that I have reviewed the requirements for my newly designated sub-concentration and am prepared to meet the graduation standards in the new sub-concentration.
2. indicates my understanding that it is my responsibility to meet with my faculty advisor to discuss the adding of a sub-concentration and attain their signature.
3. indicates that it is my responsibility to make appropriate course choices that meet my sub-concentration requirements. I will not make assumptions about courses that are not listed as counting toward my concentration(s).
4. signifies I understand if I choose to no longer pursue the sub-concentration designated on this form, I will re-submit form officially dropping sub-concentration designation

Student’s Signature: ____________________________ Date: ____________________________

Sub-Concentration Applications will not be accepted without proper review and signature
I would like to pursue the sub-concentration for the following reasons:

I, the designated faculty advisor, have reviewed this application and have the following comments:

☐ I approve this student to pursue the desired sub-concentration listed above.

☐ I do not approve of this student’s pursuit of the desired concentration listed above for the following reasons:

(If your sub-concentration is not approved, please prepare a re-submission that addresses the reasons and submit it to the HPM MPH program director in Talbot 259 West.)

Signature: ___________________________  Date: _________________________

Name (please print): ________________________________

Be sure to attach a completed degree audit sheet with all previous and future courses mapped out.

Completed applications with advisor signature must be submitted to the HPM Curriculum Coordinator in Talbot 258 West.

For Registrar's Office Use Only

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