



CERTIFICATE CHANGE REQUEST FORM

Use this form to request a change in certificates after the deadline for initial certificate selection has passed. This form can also be used to declare a certificate after the certificate selection deadline. Signatures from certificate staff are required for adding or dropping a certificate, a signature is required from the certificate staff of the certificate that is being added or dropped. All students, with the exception of the MBA/MPH duals are required to have at least one functional certificate. If you are pursuing dual functional certificates, you must obtain signatures from staff of **both** certificates.

U _____ - _____ - _____
ID Number Last Name First Name Expected Grad Date (MM/YYYY)

Degree: MPH BA/MPH BS/MPH MBA/MPH JD/MPH MS/MPH MD/MPH MSW/MPH

Select the certificates that are currently on your record:

Functional Certificate:

Second Certificate:

Select your desired certificates:

Functional Certificate:

Second Certificate:

Attach the following to your request:

- A short statement indicating the reason for changing your certificate(s)
- Your plan for completing your certificate requirements
- A copy of your [Degree Advice](#) report

☐ I acknowledge that I have read and understood the certificate requirements as listed in the Academic Bulletin from the year that I matriculated into the MPH program. I understand that it is my responsibility to make appropriate course choices to fulfill my graduation requirements.

Student Signature: _____ Date: _____
Written signature or image of written signature required

Certificate Reviewer Comments

- ☐ Remove the following advisor(s) _____
- ☐ Add the following advisor(s) _____

Name (print): _____ Signature: _____ Date: _____
Written signature or image of written signature required

Second Certificate Reviewer Comments (if necessary)

- ☐ Remove the following advisor(s) _____
- ☐ Add the following advisor(s) _____

Name (print): _____ Signature: _____ Date: _____
Written signature or image of written signature required

Third Certificate Reviewer Comments (if necessary)

- ☐ Remove the following advisor(s) _____
- ☐ Add the following advisor(s) _____

Name (print): _____ **Signature:** _____ **Date:** _____

Written signature or image of written signature required

Please email the following contacts to arrange for official review and approval of your certificate change.

Functional Certificate	Contact	Email
Community Assessment, Program Design, Implementation, and Evaluation	Ida Adjivon	iadjivon@bu.edu
Environmental Health Environmental Hazard Assessment (pre-Fall 2018 admits)	Caitlin Brand	caitb@bu.edu
Epidemiology and Biostatistics	Lyse Barronville Kelly Connors	lysebabi@bu.edu kconnors@bu.edu
Health Policy and Law	Lunise Joseph	lunise@bu.edu
Health Communication and Promotion	Ida Adjivon	iadjivon@bu.edu
Healthcare Management (CAHME)	Andrea Tingue	atingue@bu.edu
Global Health Program Design, Monitoring, and Evaluation Monitoring and Evaluation (pre-Fall 2018 admits)	Thomas Lee	thlj@bu.edu
Program Management	Thomas Lee	thlj@bu.edu

Context Certificate	Contact	Email
Chronic and Non-Communicable Diseases	Lyse Barronville	lysebabi@bu.edu
Global Health	Thomas Lee	thlj@bu.edu
Infectious Disease	Caitlin Brand	caitb@bu.edu
Maternal and Child Health	Ida Adjivon	iadjivon@bu.edu
Mental Health and Substance Use	Ida Adjivon	iadjivon@bu.edu
Pharmaceutical Development, Delivery, and Access Pharmaceuticals (pre-Fall 2018 admits)	Thomas Lee	thlj@bu.edu
Sex, Sexuality, and Gender	Thomas Lee	thlj@bu.edu
Human Rights and Social Justice Social Justice, Human Rights, and Health Equity (pre-Fall 2018 admits)	George Annas	annasgj@bu.edu