

**Northwest Ohio Consortium for Public Health
Master of Public Health Degree**

REQUEST FOR CHANGE OF MAJOR

Name of Student: _____

S. S. #: _____ **Matriculation Date:** _____

Change from Major: _____

Change to Major: _____

Reason for Change: _____

Student Signature _____ **Date** _____

AGREED BY:

Former Major Coordinator/Advisor: _____ **Date** _____

New Major Coordinator/Advisor: _____ **Date** _____

APPROVED BY:

NOCPH Director: _____ **Date:** _____

Dean, Graduate School: _____ **Date:** _____