

Change of Status Request

Please submit this form to your Program Coordinator for approval. In addition to this form, your program may require additional documentation.

If approved, the completed, signed form should be routed to the Office of Admissions and Student Services, University of Minnesota School of Public Health, MMC 819, A395 Mayo Bldg., 420 Delaware St SE, Minneapolis, MN 55455-0421, or sph-oasr@umn.edu.

Personal Information

| | | | |
|--|-----------------------|--------------------------|----------------------------|
| Last/family name | First name | M.I. | U of M student ID number |
| Preferred phone number | U of M e-mail address | | Date of birth (mm/dd/yyyy) |
| Current mailing address (<i>street, city, state, zip, country</i>) | | | |
| Permanent mailing address (<i>if different from above address</i>) | | | |
| U.S. citizenship status (<i>choose one</i>) | U.S. Citizen | U.S. Permanent Resident | Foreign Citizen |
| Current program major and degree | Last term registered | Effective term of change | |

Status Change Requested (*choose one only*)

| | | | |
|---|---------------------------------|--------------------------------------|-----------------------|
| Express readmission to program | | | |
| Change of program degree (<i>choose one</i>) | MPH to MS MS to MPH | PhD to MS MPH to PHCC Certificate | MHA to MF Certificate |
| Change of program track or minor | Current track or minor (if any) | Proposed track or minor | |
| Leave of absence | From (date): | To (date): | |
| Student signature. <i>I certify that the information on this form is complete and accurate to the best of my knowledge. 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.</i> | | | |
| Student Signature _____ | | Date _____ | |

Program Approval

Note to Program Director or DGS: *Please be reminded that it is within the faculty's purview to determine whether any specific conditions for a change of status are required. Conditions must be communicated to the student, in writing, by the program.*

Are conditions attached to this change of status? Yes No *If yes, please attach an explanation of conditions.*

Program Director or DGS Signature _____ Date _____

Program Coordinator Signature _____

For OASR Staff Use Only:

Date Processed: _____

OASR staff name: _____ OASR staff signature: _____