

**COLLEGE OF PUBLIC HEALTH
 PETITION FOR CHANGE OF ADVISOR, CONCENTRATION AREA,
 DEPARTMENT OR DEGREE PROGRAM**

Student: _____
 (Please Print)

ID # _____ Date _____

Phone: Work _____ Home _____ Email _____

I am requesting a change of:

____ ADVISOR: From _____ To _____

____ CONCENTRATION AREA: From _____ To _____

____ DEGREE PROGRAM: From _____ To _____

(Graduate Change of Program Application also required:
[http://download.grad.usf.edu/GRADUATE SCHOOL Chg of Program Application.pdf](http://download.grad.usf.edu/GRADUATE_SCHOOL_Chg_of_Program_Application.pdf))

____ DEPARTMENT: From _____ To _____

* ____ DUAL DEGREE STUDENT: YES ____ NO ____
 Dual Degree Programs _____

Reason for change request (attach separate sheet if necessary):

TRANSFER TO NEW DEGREE/CONC OR DEPT DOES NOT GUARANTEE TRANSFER OF ALL COMPLETED COURSE WORK

DO NOT WRITE BELOW THIS LINE.

Return this form to COPH Academic and Student Affairs Office, Room 1133

Verbal _____ Quant _____ Waiver _____ UGGPA _____ CURRENT GGPA _____

	Concur	Date
Current Advisor (Current advisor please route this form with the student folder to the Academic Administrator in Academic Affairs)	_____	_____
Current Department Chair	_____	_____
New Advisor	_____	_____
New Department Chair (if applicable)	_____	_____
Department Admissions Committee Chair (if applicable)	_____	_____