

**Stony Brook University
Graduate Program in Public Health**



CHANGE OF CONCENTRATION FORM

Student: _____ SBU ID #: _____

Matriculation in MPH Program: Fall 20__

Current Faculty Advisor: _____

I wish to change my concentration from _____ to _____
_____. I understand that this may change my projected date of graduation and/or increase the number of courses needed to complete the MPH degree (see attached Plan of Study Form).

Change Effective: Fall 20__ Winter 20__ Spring 20__ Summer 20__

Student Signature Date

Current Faculty Advisor Signature Date

OFFICIAL USE ONLY:

- Up-to-date Plan of Study Form completed to reflect change in concentration.
- Student assigned a new Faculty Advisor _____
(Name)
- New Faculty Advisor notified on _____
(Date)
- Reason for change _____

Comments/Conditions/Notes to Students

