

Yale University

School of Public Health

47 College St. Suite 108

New Haven, CT. 06510

CHANGE OF DIVISION AND/OR ADVISOR FORM

NAME _____ Social Security # _____

SECTION I: DIVISION CHANGE (Sections I & II must be completed when requesting a Change of Division. The heads of both divisions should be contacted first. The division head of the requested division will then assign a new advisor.)

CURRENT DIVISION _____

Signature of Current Division Head _____ Date _____

REQUESTED DIVISION _____

Signature of Requested Division Head _____ Date _____

Reason for Requesting Change of Division:

SECTION II: ADVISOR CHANGE (Complete only Section II when requesting a change of advisor with no Change of Division.)

CURRENT ADVISOR _____

Signature of Current Advisor _____ Date _____

REQUESTED ADVISOR _____

Signature of Requested Advisor _____ Date _____