

Change of Department/Advisor Form

Please use this form to request a department change and/or advisor change within the MPH program. The completed form should be returned to the YSPH Office of Student Affairs.

Name: _____
Last First M.I.

Yale ID: _____ Term/Year: _____

Phone Number: _____ Email Address: _____

SECTION I: DEPARTMENT CHANGE

Sections I and II **must** be completed when requesting a change of department. The requested department chair must assign a new advisor.

Current Department: _____ Date: _____

Current Dept. Chair Signature: _____ Printed Name: _____

Requested Department: _____ Date: _____

Requested Dept. Chair Signature: _____ Printed Name: _____

SECTION II: ADVISOR CHANGE

Complete **only** section II when requesting a change of advisor with NO change in department. If requesting a department change **both** sections I and II must be completed.

Current Advisor: _____

Current Advisor Signature: _____ Date: _____

Requested Advisor: _____

Requested Advisor Signature: _____ Date: _____

Please return the completed form with the required signatures to the YSPH Office of Student Affairs, 47 College St., Suite 108.

Office Use Only: Processed by: _____ Date: _____ Notes: _____