

UAB SCHOOL OF PUBLIC HEALTH

INTERDEPARTMENTAL CHANGE OF STATUS FORM

Student Name: _____ **Student Number:** _____

Student Address: _____ **City/State/Zip:** _____

This form should be used when applying for a change across departments.

THE FOLLOWING CHANGES ARE REQUESTED

FROM:	TO:
DEPARTMENT OF: _____	DEPARTMENT OF: _____
DEGREE OF: _____	DEGREE OF: _____
TRACK OF: _____	TRACK OF: _____
ADVISOR OF: _____	ADVISOR OF: _____
REASON FOR REQUEST: _____	

EFFECTIVE TERM DATE	
_____	_____
SIGNATURE OF STUDENT	DATE
_____	_____
CURRENT ADVISOR	CURRENT DEPARTMENT CHAIR or DESIGNEE

After completing the top portion of the form and obtaining the signature of your current advisor and department chair, return the form to the Office of Student and Academic Services for processing.

FOR OFFICE USE ONLY

Change is not official until approvals have been obtained.

APPROVALS

ADVISOR'S SIGNATURE

DEPARTMENT CHAIR or DESIGNEE

ACADEMIC AFFAIRS DEAN

PLEASE CHECK THE APPROPRIATE BOX

Admitted to new program

Not admitted to new program

PLEASE RETURN TO:

**Office of Student and Academic Services
RPHB 130**