

Concentration/Campus Declaration Form

Please complete the following form **and attach an unofficial transcript** for the new Concentration Director to review. Please return completed form to the Office of Student Affairs. Please note students can change home campus only once during their MPH career. All concentration and campus change requests will be considered on a space-available basis and are not official until they receive final CSPH approval.

Student Name: _____ Student ID Number: _____

Current Campus: _____ Current Concentration: _____

Concentration Change Effective Term (Semester/Year) _____

Please specify intended route of action below:

- I am declaring my initial concentration
- I am requesting a concentration/focus area change from my original concentration
- I am making a campus change from my original campus designation
- I am adding a second concentration and pursuing a dual concentration option
- I am dropping one of my dual concentrations
Please specify which one you are dropping: _____

Please specify intended campus and concentration/focus area(s) below:

- | | |
|---|---|
| <input type="checkbox"/> APE Animals, People, Environment (CSU) | <input type="checkbox"/> HCM Health Communication (CSU) |
| <input type="checkbox"/> BIS Applied Biostatistics (AMC) | <input type="checkbox"/> HSR Health Services Research (AMC) |
| <input type="checkbox"/> CBH Community & Behavioral Health (AMC) | <input type="checkbox"/> HSM Health Systems Management (AMC) |
| <input type="checkbox"/> GCB Global Comm & Behav Hlth (AMC) | <input type="checkbox"/> HMP Health Systems Mgmt Policy (AMC) |
| <input type="checkbox"/> CHE Community Health Education (UNC) | <input type="checkbox"/> GHS Global Hlth Systms Mgmt Policy (AMC) |
| <input type="checkbox"/> EOH Environ & Occupational Health (AMC) | <input type="checkbox"/> LPH Leadership and Public Health (AMC) |
| <input type="checkbox"/> GEO Global Envrnmntl & Occup Hlth (AMC) | <input type="checkbox"/> MCH Maternal & Child Health (AMC) |
| <input type="checkbox"/> EPD Epidemiology (AMC) | <input type="checkbox"/> GMC Global Maternal & Child Health (AMC) |
| <input type="checkbox"/> EPD Epidemiology (CSU) | <input type="checkbox"/> PAHL Phys Activity Healthy Lifestyle (CSU) |
| <input type="checkbox"/> GEP Global Epidemiology (AMC) | <input type="checkbox"/> PNU Public Health Nutrition (CSU) |
| <input type="checkbox"/> GHD Global Health/Health Disparities (CSU) | |

Student Signature

Date

Concentration/Program Director Signature (concentration you are exiting)

Date

Concentration /Program Director Signature (concentration you are entering)

Date

Dual Concentration/Program Director Signature (if applicable)

Date

Associate Dean for Student Affairs Signature

Date

Faculty Advisor Assignment: (should be entered by the Concentration Director):

Please return form to:
Office of Student Affairs
Mail Stop B119
Building 500
13001 East 17th Place, Room E3360
Aurora, CO 80045
Email: CSPH.studentaffairs@ucdenver.edu
Phone: 303-724-4613