



University of Toledo
Master of Public Health Degree

REQUEST FOR CHANGE OF MAJOR

Name _____

Rocket # _____ Term Started Fall Year _____
 Spring
 Summer

Current Major _____

New Major _____

Student Signature

Date

APPROVALS:

Current Major Coordinator/Advisor

Date

New Major Coordinator/Advisor

Date

Program Director

Date

Dean of Health and Human Services

Date

Dean of Graduate Studies

Date