**Office of Academic Services**

EAD-716

Phone: 817.735.0489

[sphacademics@unthsc.edu](mailto:academicssph@unthsc.edu)

**Application To Change Concentration**

Students who wish to change their concentration in the HSC School of Public Health should complete this form. This must be submitted prior to the deadlines listed below. All information on this form is required; missing information will result in an incomplete application and will not be reviewed. **Students must be in good academic standing (GPA 2.8 or above) in order to be considered.** Once complete, this form should be submitted to the Office of Academic Services via email at [sphacademics@unthsc.edu](mailto:sphacademics@unthsc.edu).

Last Name  First Name

Today’s Date Student ID

UNTHSC Email  Phone

Current Program  Current Concentration

Desired concentration Semester/Year effective for change

(*Changes will not be made during a semester; you must enter a future semester/year; cohort changes will only be accepted for a fall start)*

**Required application materials:**

1). One-page statement addressing your professional goals and why you want to change your concentration or degree or apply as a non-degree seeking student.

2). Copy of your resume or CV.  
  
3). Unofficial copy of your transcript(s). If you are already a student at UNTHSC, you only need to submit your current transcript from HSC. We will have all other transcripts on file.

**Deadlines:**

*Change of Concentration*: Form must be submitted one month in advance of the semester for review: December 1, May 1, and July 1.

Students who change their concentration are responsible for all curriculum requirements of the new concentration or program IN THE SEMESTER/YEAR IN WHICH THE CHANGE IS EFFECTIVE. Students will be notified of their application status via email by the Office of Academic Services. Students who have been granted a change of concentration must meet with their academic advisor prior to the semester in which the change is effective and submit a new degree plan to the SPH Office of Academic Services so registration can be authorized.

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_