



## I. INSTRUCTIONS & ELIGIBILITY

**MPH students requesting to enroll in dual concentrations:** Please carefully review the eligibility requirements below, complete the form, and then send the completed PDF to [speducation@downstate.edu](mailto:speducation@downstate.edu). Please fill out the form digitally. Do not scan the form and complete by hand. Once the form is completed digitally and sent to the SPH Education inbox, you will receive a response with the next steps within 3-5 business days.

The option to complete dual concentrations will only be offered for the following concentration combinations: Biostatistics and Epidemiology (BIO-EPI), Health Policy and Management and Biostatistics (HPMG-BIO), Epidemiology and Community Health Sciences (EPI-CHSC), Health Policy and Management and Epidemiology (HPMG-EPI).

### Eligibility Requirements:

- Student must be in good academic standing
- Student must have completed all MPH foundation courses with a **GPA of 3.0 or better in 5 of the 6 foundation courses** (not including PUBH 5201)
- **Request must be approved by both department chairs** to receive recognition on your transcript for the two completed MPH concentrations. Please note, the dual concentrations will *not* be reflected on your diploma--only your transcript.

### Please note:

- If you are approved for the dual concentrations, you must complete the concentration course requirements for both concentrations.
- You must also fulfill the Integrative Learning Experience (ILE) requirements by selecting at least one competency from the foundational competencies, and from both concentration areas. Your advisors (one from each concentration) will provide more detailed information on fulfilling ILE requirements for both concentrations.
- If you are registered as an asynchronous student, you will need to select a dual concentration option that allows you to complete the program asynchronously. We do not currently offer Biostatistics concentration courses fully asynchronously.

## II. GENERAL STUDENT INFORMATION

Date (MM/DD/YYYY):	
Student Name*:	
Student ID #:	
Current Program & Concentration:	
Downstate E-Mail Address:	
Student Contact Number:	

\*DISCLAIMER: By typing your name, you are signing this form electronically. You agree that your electronic signature is the equivalent of your manual signature on this form.

## III. ACADEMIC FACULTY ADVISOR INFORMATION

Advisor's Name:	
Advisor's Email:	

## IV. DUAL CONCENTRATION REQUEST INFORMATION

Current Concentration:	
Desired Dual Concentration:	Please select your desired dual concentration from the dropdown
Brief Rationale: <i>Please indicate (150 words or less) why you would like to be enrolled in the dual concentrations that you indicated.</i>	



**V. DUAL CONCENTRATION REQUEST DECISION**

Dual Concentration Request Decision:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied*
*Denial justification:	
Date (MM/DD/YYYY):	

Department Chair Signature:	Date:
Department Chair Signature:	Date: