

Advanced Certificate to Master of Public Health Transition Form

To be Filled Out by Student (This form is to be submitted for approval one month prior to the entry term)

I, [Print Full Name] _____ would like to transition from the Advanced Certificate in Public Health to the Master of Public Health program at **SUNY Downstate Medical Center** entering

_____ **Summer** _____ **Fall** _____
Entry Term

Please confirm your concentration interest ranking the boxes below 1 – 5
(with 1 being your first choice):

_____ **Biostatistics** _____ **Epidemiology** _____ **Community Health Sciences**
_____ **Environmental & Occupational Health Sciences** _____ **Health Policy & Management**

PERSONAL INFORMATION (Please Print)

Address:

Street Address Apt #

City, State, Zip Code

Telephone: (Day)

(Eve)

(Cell)

E-mail Address

Signature

Date

Note:

- All applicants must maintain a B or better in each of the 5 core courses in order to be selected to the concentration ranked number (1).
- You must maintain a 3.0 GPA in the Advanced Certificate program to transition to the Master of Public Health program.

To be Filled Out by the SPH:

_____ ***Accept***

_____ ***Reject***

Comments: _____

Admissions Committee Chair, School of Public Health

Date

SPH Assistant Dean for Enrollment and Student Affairs

Date