

## Certificate Change Form

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

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Current Campus: \_\_\_\_\_ Current Certificate: \_\_\_\_\_

Certificate Program Change Effective Term (Semester/Year) \_\_\_\_\_

Please specify intended route of action below:

\_\_\_\_\_ I am requesting a certificate program change from my original certificate program

\_\_\_\_\_ I am making a campus change from my original campus designation

Please specify intended campus and/or certificate program area below:

\_\_\_\_\_ Public Health Sciences (UNC)

\_\_\_\_\_ Public Health Sciences (CSU)

\_\_\_\_\_ Public Health Sciences (AMC)

\_\_\_\_\_ Global Public Health (AMC)

\_\_\_\_\_ Applied Biostatistics\*\* (AMC)

\_\_\_\_\_ Latino Health (AMC)

\_\_\_\_\_ Maternal and Child Health\*\* (AMC)

\_\_\_\_\_ Population Mental Health & Well-Being (AMC)

\_\_\_\_\_ Public Health Preparedness & Disaster Response\*\* (AMC)

\_\_\_\_\_ Total Worker Health\*\* (AMC)

\*\*NOT Financial Aid eligible

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Student Signature

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Date

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Certificate Director Signature (certificate you are exiting)

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Date

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Certificate Director Signature (certificate you are entering)

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Date

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Associate Dean for Student Affairs Signature

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Date

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

Please return form to:  
Office of Admissions & Student Affairs  
Mail Stop B119  
Fitzsimons Building  
13001 East 17<sup>th</sup> Place, Room E3360 Aurora,  
CO 80045  
Email:  
[ColoradoSPH.StudentAffairs@ucdenver.edu](mailto:ColoradoSPH.StudentAffairs@ucdenver.edu)  
Phone: 303-724-4613