

## **Request for Permanent/Temporary Campus Transfer**

STUDENT NAME:					STUDENT ID:			
PROGRAM:	МРН □	MS 🗌	DRPH □	PHD□	CERTIFICATE [	NON-DEGR	EE 🗆	
	CERTIFICA	ATE PROGRA	M (if selected):_					
DEPARTMENT:   BIOSTATISTICS AND DATA SCIENCE								
☐EPIDEMIOLOGY, HUMAN GENETICS AND ENVIRONMENTAL SCIENCES								
	☐HEALTH PROMOTION AND BEHAVIORAL SCIENCES							
	MANAGEMENT, POLICY AND COMMUNITY HEALTH							
☐INTERDEPARTMENTAL (e.g., Customized MPH, Non-degree Certificate, Non-degree)								
CONCENTRATION/DEGREE-SEEKING CERTIFICATE (if elected):								
CAMPUS TRANSFER FROM:				CAMPU	CAMPUS TRANSFER TO:			
TEMPORARY	Y PEI	RMANENT						
REASON FOR TRANSFER:								
Houston cam	pus only: I w	ill return my ba	adge to Facilities	Support Sei	vices (RAS W126) or	າ	-	
					ed, it will be deactivated		l be	
					badge prior to their fire	it day of class.)		
CURRENT FACULTY ADVISOR:			· (A)		<u> </u>			
			rint Name		Signature		Date	
NEW FACULTY ADVISOR: (Permanent Transfer)			rint Name		Signature		Date	
NEW DEPAR	•				o.ga.a.c		20.10	
REGIONAL D			rint Name		Signature		Date	
APPROVED:								
Director, Academic Affairs				Date				

Submit document with signatures to:

Office of Academic Affairs and Student Services

Email: <u>SPHStudentRecords@uth.tmc.edu</u> In-Person (Houston): RAS E 201

Plan Code \_\_\_\_\_ Revised 02/04/2019