## Milken Institute School of Public Health

## **Program Change Petition Form**

To be eligible for this petition, you must complete at least one semester of graduate course work at GW with satisfactory grades (BS/MPH students are excluded). Please submit this form to gwsphrecords@gwu.edu.

Requests should be made at least one month before the start of the semester in which you wish to matriculate. First Name: Last Name: **GWID:** Email: Are you a GW student enrolled in the BS/MPH Program?: Petition Type: MPH@GW students wishing declare their Program Concentration, to please contact mphadvising@gwu.edu to initiate the process. Please indicate the semester in which you would like this change to take effect. **Effective Semester:** Current Degree/Program: Desired Degree/Program: You must meet with the Program Director of your desired Program before you submit this Program Change Petition form request.

Name of the Program Director you met with:

Date of your meeting with the Program Director:

Updated: 11/05/2025

| I understand that if I petition to change<br>scholarships or awards I have recieved | from residential to online, or from online to residential, any will not be eligible to be transferred. |
|---|--|
| Type your name indicating you unders  | tand.  |
| Signature of the Petitioner:  | Date:  |
| Certificate to Add:   |  |
| Current Certificate to Drop:  |  |
| Certificate to Replace Current Certificat   | e:   |
| Please provide a brief explanation for ye   | our change request.  |
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| Please submit this form to gwsphrec<br>(e.g. Program Change Petition - Your Na      | ords@gwu.edu with the following email subject format:  |
| TO BE COMPLETED   | D BY THE FACULTY REVIEWER ONLY   |
| Program Director:   | Date:  |
| Approve   | Deny   |
| Program Director Comments (Required)  | ).   |
|   |  |
|   |  |
|   |  |
| Program Director Signature:   | Date:  |

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