

West Virginia University

School of Public Health

PO Box 9190

1 Medical Center Drive

Morgantown, WV 26506-9190

CHANGE OF PROGRAM AND/OR ADVISOR FORM

Student's Name:

Student ID #:

MPH Program:

Current Advisor:

I wish to change my current MPH Program to:

I wish to change my current advisor to :

Reason for requested change:

Students: Please make sure to complete this form and return to Leah Adkins, Sr. Program Coordinator.