



College of Health and Social Services
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**Master's of Public Health
Change of Concentration**

Name: _____

Aggie ID: _____

NMSU email: _____

Current concentration: _____

Change to: _____

Current Advisor: _____

New Advisor: _____ (assigned by department)

I am requesting this change for: _____
Semester Year

Student Signature

Date

Current Advisor Signature

Date

Graduate Coordinator Signature

Date

Department Head Signature

Date