



## DECLARATION OF INTENT TO PURSUE COMBINED MD/MPH DEGREES

**Copies of this Declaration of Intent to pursue Combined Degrees must be filed with College of Medicine and the College of Public Health. You are not enrolled in the combined degree program until accepted to both programs and this form has been completed and filed with both offices. By signing and filing this Declaration, you (i) acknowledge receipt of the curricular requirements and policies and procedures of the UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES College of Medicine MD and College of Public Health MPH Combined Degree Program and (ii) understand that it is your responsibility to make sure you satisfy all requirements for the combined degree program as described. Failure to meet the combined degree program requirements can result in failure to meet the requirements for either degree individually.**

Name: \_\_\_\_\_

UAMS/GUS Student Identification Number: \_\_\_\_\_

Will you first enroll in the MD or MPH program? \_\_\_\_\_

Date of enrollment in the first program: \_\_\_\_\_

Anticipated date of enrollment in second program: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

[Signature will be typed name]

APPROVED BY:

\_\_\_\_\_  
Associate Dean for Professional Programs

College of Public Health

\_\_\_\_\_  
Executive Associate Dean, Academic

Affairs

College of Medicine

Date: \_\_\_\_\_

Date: \_\_\_\_\_