

## DECLARATION OF INTENT TO PURSUE COMBINED DEGREES

**Copies of this Declaration of Intent to pursue Combined Degrees must be filed with the Registrar of the College of Medicine and with the Registrar of the College of Public Health. You are not enrolled in the combined degree program until this form has been completed and filed in 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.**

1. Name: \_\_\_\_\_
2. Student Identification Number: \_\_\_\_\_
3. Will you first enroll in the MD or MPH program? \_\_\_\_\_
4. Date of enrollment in the first program: \_\_\_\_\_
5. Anticipated date of enrollment in second program: \_\_\_\_\_

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

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

APPROVED BY:

\_\_\_\_\_  
Kevin W. Ryan JD, MA  
Assistant Dean for MPH  
Programs  
College of Public Health

\_\_\_\_\_  
Associate Dean for Academic Affairs  
College of Medicine

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

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