



**Bachelor of Science and Master of Public Health BS/MPH]
Application Approval Form**

Applicant Information

Name [Please Print] _____

Boston University ID# _____

Undergraduate Major _____ Email Address _____

I am currently a:

- Second semester sophomore
- First semester junior

Please read the following statement and sign below:

I have reviewed the BS/MPH program information and admission requirements, <http://www.bu.edu/sargent/academics/health-sciences/bsmph/index.shtml>. I confirm that I fulfill the application requirements and that I intend to apply.

Signature _____ Date _____

Sargent College Faculty Advisor Approval for BS/MPH application

Please read the following statement and sign below:

The above named student is in good academic standing with the Boston University College of Health and Rehabilitation Sciences: Sargent College. This student has met the academic standards (GPA ≥ 3.0) and all other requirements for application to the Boston University BS/MPH program.

Signature _____ Date _____

Name [Please Print] _____

Department _____ Title: _____

Email _____