



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/programs/public-health/combined-bs-and-master-of-public-health/>. I confirm that I fulfill the application requirements and that I intend to apply.

Signature _____ Date _____

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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 \geq 3.2) and all other requirements for application to the Boston University BS/MPH program.

Signature _____ Date _____

Name [Please Print] _____

Department _____ Title: _____

Email Address _____