



## 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 \_\_\_\_\_