



# NEW YORK MEDICAL COLLEGE

A MEMBER OF THE TOURO COLLEGE AND UNIVERSITY SYSTEM

## School of Health Sciences and Practice and INSTITUTE OF PUBLIC HEALTH

### APPROVAL FOR DPT/MPH DUAL DEGREE

#### Part A. Student Information

*The following student has permission to apply for acceptance to into the Master of Public Health to pursue a combined DPT/MPH or certificate program:*

Please return application signed and dated. Type or print clearly in ink.

Name \_\_\_\_\_  
Last First Middle

Student ID # \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

MALE/FEMALE \_\_\_\_\_

#### CURRENT ADDRESS

\_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City County State Zip Code  
Phone (\_\_\_\_) \_\_\_\_\_

#### Term of Application

Fall/Year \_\_\_\_\_ Spring/Year \_\_\_\_\_ Summer/Year \_\_\_\_\_

#### Master of Public Health Program

\_\_\_ D.P.T./M.P.H. in Health Behavior & Community Health \_\_\_ D.P.T./M.P.H. in Epidemiology  
\_\_\_ D.P.T./M.P.H. in Environmental Health Science \_\_\_ D.P.T./M.P.H. in Health Policy and Management

I understand that approval and continuation in the public health program is based on maintaining good academic standing (passing grades) at all times in the D.P.T. program. Please be advised that NYMC utilizes a uniform academic transcript that will display all courses/grades taken in any of the NYMC's Schools (School of Medicine, School of Health Sciences and Practice, and the Graduate School of Basic Medical Sciences).

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

#### Part B. Permission from the chair of the Department of Physical Therapy is required.

\_\_\_\_\_  
D.P.T. Chair (Print) Date

\_\_\_\_\_  
Signature