

**Northwest Ohio Consortium for Public Health
Master of Public Health Degree**

DECLARATION OF DUAL MAJOR

Name of Student: _____

S. S. #: _____ **Matriculation Date:** _____

Major #1: _____

Major #2: _____

Student Signature _____ **Date** _____

AGREED BY:

Major #1 Coordinator/Advisor: _____ **Date** _____

Major #2 Coordinator/Advisor: _____ **Date** _____

APPROVED BY:

NOCPH Director: _____ **Date:** _____

Dean, Graduate School: _____ **Date:** _____