



THE UNIVERSITY OF GEORGIA
College of Veterinary Medicine



COLLEGE OF PUBLIC HEALTH
The University of Georgia

DVM - MPH Dual Degree Program Declaration of Intent

Full name _____
Last First Middle

Mailing Address _____

Phone # _____ UGA E-mail address _____

Last 4 digits of SSN _____ 810 number _____

Date of Birth _____ Current year in DVM program _____

State of residency _____ Anticipated Graduation Date _____ Current GPA _____

In 100 words or less briefly describe why you are interested in the DVM-MPH dual degree program.

Additional Information

_____ Do you want to participate in DVM graduation exercises with your class?

_____ Are you interested in assistantship information or additional funding?

Submit by email, fax or in person to:

Attn: DVM-MPH Dual Degree Program
Office for Research and Graduate Affairs
Suite 226
College of Veterinary Medicine
(706)542-5752 – phone
(706) 542-8254 – fax
vetgrad@uga.edu