



## Intent to complete MSW/MPH Dual Degree

Name \_\_\_\_\_ Student Number \_\_\_\_\_

By checking each item and signing below, I am declaring my intention to complete the MSW/MPH dual degree program at the University of Missouri in Columbia, MO and that I understand what is expected of me in the program.

\_\_\_ I understand that I must apply and be accepted to, both, the Master of Social Work program and the Master of Public Health program in order to complete the MSW/MPH dual degree.

\_\_\_ I have read the MSW/MPH plan of study and understand that I must, strictly, follow this plan of study in order to complete the dual program, successfully.

\_\_\_ I understand that it is my responsibility, as a student, to keep in contact with my dual program advisor and inform him/her of any changes to my program, including but not limited to; adding or dropping a class after classes start, taking a leave of absence from the program, and choosing not to pursue the dual degree after I've started started.

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Signature

Date