



**Primary Program Faculty Advisor Approval form  
Clinical Dual Degree Applicants**

Fill out the following fields, print and deliver to your primary advisor for signature.  
Please return to the **Enrollment Management department** prior to the application deadline.

Student's Full Name

Primary Program/Graduation Year

Today's Date

**I am applying for admission to:** (choose one of the following)

- Master of Health Care Administration Degree (MHA) Program
- Master of Public Health Degree (MPH) Program

The pursuit of a dual degree has been discussed thoroughly with the applicant. As the advisor, I am confident the student understands the responsibility of balancing their workload appropriately. I support the student's application to the dual degree of their choice.

\_\_\_\_\_  
Faculty Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Students in the DO, DPM, DPT and PA programs are responsible for obtaining their primary program's advisor signature on this form. The signed form should be returned to the Enrollment Management office in the SEC no later than the application deadline for which you wish to be considered.

MHA: [mhaadmit@dmu.edu](mailto:mhaadmit@dmu.edu)

MPH: [mphadmit@dmu.edu](mailto:mphadmit@dmu.edu)

515.271.1538