

Joint Service Graduate Medical Education Application
Master of Public Health (MPH) or Master of Science (MS) Supplemental Form

APPLICANT NAME:
(LAST, FIRST MI)

MPH/MS Phase 1 (Applicant Choice)

MPH/MS Degree

I **have** / **have not** completed an MPH/MS year in the past.

If yes, type of degree: _____ Date completed: _____

Numerically rank your preference by checking the appropriate answer to both statements below. (Check FIRST or SECOND choice)
NOTE: Applicants are not required to rank a high cost option, however applicants that rank high cost, must have at least one low cost application submitted for tuition/fees under \$30,000.

- 1.) High Cost MPH/MS is my **FIRST** / **SECOND** choice or N/A
- 2.) Low Cost MPH/MS is my **FIRST** / **SECOND** choice

High Cost	High Cost Tuition and fees:	Low Cost	Low Cost Tuition and fees:
1 st Choice Location: _____	_____	1 st Choice Location: _____	_____
2 nd Choice Location _____	_____	2 nd Choice Location: _____	_____

Applicant Statement of Understanding

I understand that if I do not complete the entire residency/fellowship training program for any reason, I will incur a 3 year consecutive active duty service commitment (ADSC) for the MPH/MS sponsorship

Signature _____

Date: _____