



**University of Toledo
Master of Public Health Degree**

DECLARATION OF DUAL MAJOR

Name of Student: _____

Rocket Number: _____ **Enrollment Date:** _____

Major #1: _____

Major #2: _____

Student Signature _____ **Date** _____

AGREED BY:

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

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

APPROVED BY:

Program Director: _____ **Date:** _____