

# Northwest Ohio Consortium for Public Health

## Bowling Green State University Medical University of Ohio University of Toledo

### Master of Public Health (MPH) Registration Form

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**PLEASE PRINT**

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STUDENT ID #	TERM <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	YEAR 200_____
LAST NAME	FIRST NAME	MIDDLE / MAIDEN
LOCAL ADDRESS		APT. #
CITY	STATE	ZIP CODE
PHONE NUMBER (     )		E-MAIL ADDRESS

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Course #	Cr Hrs	Institution	Course Title

**Circle Major(s)**

- |                         |                              |                                     |
|-------------------------|------------------------------|-------------------------------------|
| Public Health Admin.    | Health Promotion & Education | Public Health Epidemiology          |
| Public Health Nutrition | Dual Majors                  | Environmental & Occupational Health |

**Check if Special Status** \_\_\_\_\_

This is to certify that the information above is accurate.

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**STUDENT SIGNATURE**

**DATE**

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**ADVISOR SIGNATURE**

**DATE**

Fully admitted Master of Public Health and/or Special Status MPH students must use this registration form. If you do not want directory information released, you must notify the Registrar's Office at MUO.

**Return to:**

Registrar's Office, Medical University of Ohio, 3045 Arlington Avenue room 114, Toledo, OH 43614-5805  
Fax Number 419-383-4003 (If faxing you must have Advisor's signature)