

**DECLARATION OF INTENT TO PURSUE  
COMBINED DEGREES**

**Copies of this Declaration of Intent to pursue Combined Degrees must be filed with the Registrar of the School of Law and with the Assistant Dean for Academic Affairs of the College of Public Health. You are not enrolled in the combined degree program until this form has been completed and filed in both offices. By signing and filing this Declaration, you (i) acknowledge receipt of the curricular requirements and policies and procedures of the UNIVERSITY OF ARKANSAS AT LITTLE ROCK School of Law JD and UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES College of Public Health MPH Combined Degree Program and (ii) understand that it is your responsibility to make sure you satisfy all requirements for the combined degree program as described. Failure to meet the combined degree program requirements can result in failure to meet the requirements for either degree individually.**

1. Name: \_\_\_\_\_
2. Student Identification Number: \_\_\_\_\_
3. Will you first enroll in the JD or MPH program? \_\_\_\_\_
4. Date of enrollment in the first program: \_\_\_\_\_
5. Anticipated date of enrollment in second program: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_  
Assistant Dean for Academic Affairs  
College of Public Health

\_\_\_\_\_  
Associate Dean for Academic Affairs  
School of Law

Date: \_\_\_\_\_

Date: \_\_\_\_\_