

Return your **completed** form to:  
Graduate School  
SSB 310; CPO 68  
521 Lancaster Avenue  
Richmond, KY 40475  
859-622-1742/FAX: 859-622-2975

**APPLICATION FOR SIMULTANEOUS CURRICULA**

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*This form should be used to obtain approval from both applicable academic departments when seeking simultaneous programs. Incomplete forms submitted will not be processed.*

**Applicant Information**

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_ City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ EKU #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
\*\*\*\*\*(This email address will be the method of communication regarding the decision of this request.)\*\*\*\*\*

**Curricula Information**

*If you have already completed your Master degree in Public Health and will only be doing the Industrial Hygiene Certificate you will need to submit a Graduate application to apply for this program at this time. [www.gradschool.eku.edu/apply](http://www.gradschool.eku.edu/apply).*

**Primary Curricula** -Please indicate below which **current** program you are pursuing as your primary curricula.

MPH- Masters of Public Health

Spring  Summer  Fall Year \_\_\_\_\_  
(select term/year in which you started your primary program)

**Secondary Curricula**

Industrial Hygiene Certificate:  Spring  Summer  Fall Year \_\_\_\_\_  
(select term/year in which you wish to start)

**REQUIRED SIGNATURES**

*You must acquire all required signatures before submitting to the Graduate School Office --See address listed below where to send for signatures per your primary curricula program.*

\_\_\_\_\_  
Applicant Signature, date

\_\_\_\_\_  
Primary Program Coordinator Signature, date  Recommend  Not Recommend

\_\_\_\_\_  
Industrial Hygiene Coordinator, date  Recommend  Not Recommend

\_\_\_\_\_  
Graduate School Signature, date  
Data Admission Specialist

**Master of Public Health  
Industrial Hygiene Certificate  
521 Lancaster Avenue  
Disney 132  
Richmond, KY 40475  
859-622-6342**