**Western Kentucky University**

**Statement of Intent to Enter the Joint Undergraduate- Master’s Program (JUMP)**

**Department of Public Health**

By signing below, the student certifies the following:

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** intend to enter a Joint Undergraduate-Master’s Program (JUMP) to complete the undergraduate degree Health Care Administration (559) and graduate degree Master of Health Administration (153), taking a blend of both undergraduate and graduate coursework.

I have a minimum undergraduate GPA of 3.5, completed a minimum of 60 and a maximum of 90 undergraduate hours with 30 of those hours completed at WKU.

I understand that I must complete 120 hours of undergraduate work and complete the requirements for the undergraduate degree and general education curriculum.

I understand that completion of the Master of Health Administration (MHA) degree requires a minimum of 42 credit hours and that no more than 12 hours of graduate coursework will apply toward the undergraduate degree. I further understand that the undergraduate degree must be completed at least one semester before the awarding of the MHA degree.

I must maintain a minimum cumulative undergraduate GPA of 3.5 as an undergraduate student to remain in the JUMP program.

I will be considered an undergraduate student until completion of at least 120 hours of total credits (both undergraduate and graduate) and the completion of requirements for the Health Care Administration (559) major. I am then eligible to apply for admission to the Graduate School and hold graduate standing.

Once I am a graduate student, I no longer qualify for undergraduate classification for any purpose including financial aid. Likewise, students admitted to Graduate School are eligible for all graduate student privileges include financial opportunities such as graduate assistantship opportunities.

Signatures

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

Student

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

Faculty Advisor(s)

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

Public Health Department Chair

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

Dean of the Graduate School