



# UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD  
BETHESDA, MARYLAND 20814-4799



The Office of the University Registrar  
Secondary Program Application Form

Lname, Fname \_\_\_\_\_ Student Empower ID #: \_\_\_\_\_  
Student Email Address: \_\_\_\_\_

I am currently in the \_\_\_\_\_ program and am requesting secondary enrollment in:

- Dual Master of Health Professions Education
- Dual Master of Education in HPE (MEd-HPE)
- Dual Master of Public Health
- Dual Health Informatics and Information Sciences Certificate
- Dual Introduction Health Professions Education Certificate
- Dual Foundations Health Professions Education Certificate
- Dual Global Health and Global Health Engagement Certificate
- Dual Training in Tropical Medicine and Traveler's Health Certificate

Please note individuals applying for dual MD/PHD programs will follow a different application process.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Primary Program Approval to Apply

**\*\*Applications must be submitted to the Office of the Registrar via the Service Now Portal.**  
**\*\*The Office of the Registrar will forward completed applications to GEO for admission decisions, after the stated deadline.**

\*\*\*\*\*  
Below to be completed by GEO

Anticipated Secondary Program Start Semester and Year: \_\_\_\_\_

Anticipated Secondary Program Completion Semester and Year: \_\_\_\_\_

Application Approved       Application Denied

\_\_\_\_\_  
GEO Program Director

Please submit this completed and signed application to the Office of the Registrar via the Service Now portal. OUR will not accept a form that is not signed.