



Application to the Dual Degree Program
___ MD/MBA ___ MD/MPH

Name: _____ **Pounce ID #:** _____

Local Address: _____

Telephone: _____

E-mail Address: _____

Do you have any specialty interest? If so, please list the area of interest.

Current GPA: _____

USMLE Step 1 results: _____

Why are you interested in the Dual Degree Program and how will the double degree help you in your future career? (150 words maximum)

(Intention to Apply to Dual Degree Program - continued)

Please include your curriculum vitae with this application to include your education, work history, volunteer activities, and leadership roles.

This application is due on Wednesday March 1, 2019 by 12:00 noon. Please submit an electronic copy of your application and curriculum vitae to rpage@augusta.edu.

Agreement and Signature

I agree that if permitted to enroll in the Dual Degree Program, I will be committed to finish the program in one year.

Third year students must take Step 2 CK/CS by July 31 prior to entering the dual degree program. Failure to do so may impact your enrollment in the Dual Degree Program.

Students are not permitted to enroll in MCG courses when enrolled as a full time student in the MBA or MPH program.

Student must remain in good standing and re-enter the MD program curriculum fulltime by July following the completion of the dual degree program.

Signature: _____ **Date:** _____

Printed Name: _____

Please send the completed application and required documentation to:

Renee T. Page, MD
Associate Dean for Curriculum
Curriculum Office, GB 3300
Medical College of Georgia
Augusta, GA 30912
Phone: (706) 721-3218