

ROLLINS SCHOOL OF PUBLIC HEALTH
Office of Student Services
External MD/MPH Good Standing Verification Form

NAME _____ ID# (if obtained) _____
E-MAIL _____ PHONE# _____
ADDRESS _____
SEMESTER/YEAR APPLYING _____

Please submit this form to the appropriate dean or administrator at the medical school which you now attend.
When the form is completed it should be forwarded to RSPH Admissions at 1518 Clifton Rd. NE, Atlanta,
GA 30322.

Confirmation of Good Standing:

“I, _____ (please print), the dean or appropriate administrator at _____
Medical School, hereby attest that _____ is a student in good standing with this institution
and has successfully completed the coursework for the MD degree to date. Furthermore, I confirm that said
student is permitted to undertake studies for the Master of Public Health degree at Emory University, and is
eligible to return to this institution upon completion of the degree.”

Signature _____

Date _____

Student Services Use Only: Processed by _____ Date _____