



MPH Degree Program Application

Banner ID:

Full Name:

Mobile Number:

Email Address:

Address:

I expressly consent to receive telemarketing and promotional marketing calls and texts from Ross University School of Medicine and Chamberlain University about Chamberlain University's educational offerings to my phone number provided above. I understand these calls and texts will be sent to me using an automated dialing system, at the number provided by me above, and that message & data rates may apply. I also understand that my consent is not required to enroll or purchase any other products or services, and I may withdraw my consent at any time. In addition to marketing calls and texts, I would also like to receive marketing emails from Chamberlain University at the email address provided above regarding Chamberlain University's educational offerings.

By signing below, you are applying for the Chamberlain University MPH degree program and to be considered for savings on the Chamberlain University MPH degree program tuition as a continuing student in the second semester or greater of the Ross University School of Medicine MD degree program.

Signature: _____

Date: _____