



**University of Mississippi Medical Center
John D. Bower School of Population Health
Letter of Intent**

Student Full Name: _____

_____ I intend to register and enroll in the semester stated below.

_____ I do NOT intend to enroll. I am withdrawing my acceptance.

Reason:

_____.

Designate the term to which you have been accepted:

_____ Fall

_____ Spring

_____ Summer

Designate which program you have been accepted:

Master of Science Programs

_____ Biostatistics and Data Sciences

_____ Population Health Science

Executive Master of Science Program

_____ Population Health Management

Doctor of Philosophy Programs

_____ Biostatistics and Data Sciences

_____ Population Health Science

Post-baccalaureate Certificate Programs

_____ Analytics

_____ Population Health Science

Printed Name

Signature

Date

To confirm your acceptance, this letter of intent must be returned to the SOPH office by email to cbcole@umc.edu or fax to 601-815-9440 within two weeks of the date of receipt of your letter of acceptance.