**Master of Health Administration Supplemental Questions**

1. Are you applying to a joint degree program?

\_\_\_ Yes   \_\_\_ No

1. If yes, please indicate the program you plan to pursue. Please note you must apply and be admitted separately to each program.
2. Are you applying for the accelerated MHA program? Please note the accelerated program is available only to current IUPUI or IUB undergraduate students.

\_\_\_ Yes   \_\_\_ No

1. Are you currently enrolled in one of our graduate level certificate programs?

\_\_\_ Yes   \_\_\_ No

1. If yes, please indicate the program.
2. If you are applying to a graduate certificate program, please indicate whether you plan to pursue admission to a master’s program in the School of Public Health in the future.

\_\_\_Yes   \_\_\_ No

1. Please indicate the pace at which you plan to work toward your degree.
	1. Full-time (4 classes per semester)
	2. Three-quarters time (3 classes per semester)
	3. Part-time (2 classes or less per semester)
2. Have you been previously accepted for admission to an Indiana University graduate program?

\_\_\_Yes   \_\_\_ No

1. If yes, by what school/department and which program?
2. Please indicate if you are a current or former Peace Corps or AmeriCorps volunteer.
3. Please indicate if you are a veteran of the Army, Navy, Marines, National Guard, Air Force, or Coast Guard.