

MASTERS OF PUBLIC HEALTH PROGRAM APPLICATION

THIS IS AN APPLICATION TO THE GRADUATE PROGRAM FOR: FALL SPRING YEAR _____

Please PRINT or TYPE the following information and submit it to the Health Science Department.

Name _____ SS#: _____

LAST

FIRST

MIDDLE

Gender: Female Male Birthdate _____

Other names that may appear on your records _____

Home Phone (_____) _____ Work Phone (_____) _____

Address _____

STREET

CITY

STATE

ZIP

Mailing Address (if different from above) _____

U.S. Citizen: Yes No (If no, what is your country of citizenship) _____

Ethnic Identity. Please check one box only. Your response is voluntary and will not affect your admission.

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black, non-Hispanic | <input type="checkbox"/> White, non-Hispanic |
| <input type="checkbox"/> Chicano, Mexican-American | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Other Hispanic | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Decline to state |

Colleges Attended	Dates	Major	Degree
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_____	_____	_____	_____
_____	_____	_____	_____

Do you plan on attending as a (check one): Full-time student Part-time student

Program you are applying for (check one): MPH MS MSN/MPH

Have you applied previously to the graduate program? If yes, when? _____

GRE Applicant Reported Score: V: _____ Q: _____ A: _____

Date test was taken or to be taken: _____

MONTH

DAY

YEAR

Students educated in a foreign country must take the TOEFL (Test of English as a Foreign Language) prior to admission. Please indicate date taken or to be taken, and have official copy of score sent to Admissions and Records.

Date taken (or to be taken): _____ Score: _____

Academic honors (scholarships, awards, publications). Attach additional sheet if necessary.

Employment: List all applicable employment. Include military service but omit summer and part-time work if not relevant to your professional (academic) goal. Indicate present employer. Attach additional sheet if necessary.

Employer	Nature of Work	Inclusive Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recommendations: List three individuals who know your academic or professional qualifications; including performance, potential, and motivation, and request that they send letters of reference along with the *Letter of Reference* form, on your behalf to the Graduate Program.

Name	Address	Position/Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information submitted in this application is true, complete and accurate. I understand that any misrepresentation will be cause for denial of admission. I also understand that this application, and all materials submitted in conjunction with it, are confidential and become the property of the Graduate Program, and will not be returned to the student or forwarded to any other party under any circumstances.

APPLICANT'S SIGNATURE

DATE

NARRATIVE STATEMENT

Include the following information in a typewritten statement of between two and three pages in length. Describe those experiences that have shaped your interest in public health. Comment on your current orientation or preferences in the public health field. Describe the one academic experience that has meant the most to you in your educational career. Outline your professional goals, immediate and long term. Discuss why you are interested in the graduate program, the strengths you bring with you and those areas in which you would like to increase your expertise and personal growth.

LETTER OF REFERENCE FORM

Please provide (3) letters of reference in your completed packet (see page 9). Make copies accordingly and provide the form to the evaluator, academic, or professional.

LETTER OF REFERENCE FORM

Applicant's Name _____
LAST
FIRST
MIDDLE

Evaluator's Name _____
LAST
FIRST
MIDDLE

To the applicant: Complete the information requested above and give to the person serving as reference. Please note that generally evaluators may provide information more useful to the program and to you if their evaluations are confidential. If you agree, you may wish to sign the waiver below.

I waive all rights to see or inspect this form or any statement sent to the indicated program as a result of this request.

Signature _____ Date _____

To the Evaluator: You have been selected as a reference by this applicant for admission to the MPH or MS program at CSULB. We hope that you will help both the applicant and us by giving your forthright evaluation of this applicant's potential to be a public health professional. Note that pursuant to the federal law entitled The Family Educational Rights and Privacy Act of 1974, this letter of reference may be shown to the applicant if the right to examine it has not been waived. Please feel free to write a supplemental narrative letter describing the candidate's intellectual capacity, leadership ability, motivation, emotional maturity and interpersonal skills.

How long have you known the applicant? Less than one year One year or more

How well do you know the applicant? Casually Fairly well Very well

Briefly explain how you know the applicant. _____

Where would you rank this applicant in respect to their qualifications:

QUALIFICATIONS	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	NOT OBSERVED
Other applicants you have written academic letters (master's or doctorate program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge and competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and diligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity and social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work habits perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Originality, aptitude for independent problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Some factors viewed as important for success in this program are: intellectual capacity, leadership ability, motivation, and emotional maturity. If you alone were making the decision, which of the following recommendations would you choose?

- Seek out – Will be a truly outstanding student and later professional.
- Definitely accept – Will complete the indicated program at a superior level.
- Accept – Should complete the indicated program at a satisfactory level.
- Accept, but with reservation concerning ability or motivation (Please explain below)
- Do not accept (Please explain below)

Signature of Evaluator _____

Name (print or type) _____ Title _____

Address _____

Telephone (Office): _____ (Home): _____

The graduate program and the applicant will appreciate prompt return of this reference, since all application materials must be sent collectively.

EVALUATOR:

Please return this recommendation form directly to the applicant in a sealed envelope with your signature across the seal. The applicant will then include the sealed envelope with their supplemental application materials to California State University, Long Beach. Please do not mail the form directly to the university.

Thank you for your cooperation.
California State University, Long Beach
Masters of Public Health Program