

Applicant ID (dept use): \_\_\_\_\_

**CSULB Department of Health Science  
Doctor of Public Health Degree Program  
Application Form**

Full Name of the Applicant (First/given name(s) LAST/SURNAME): \_\_\_\_\_

Desired Start Year: ☐ Fall 2026 ☐ Fall 2027

Student Status-Please Check 1: ☐ Full time(3 classes) ☐ Part Time (2 classes)

DrPH Concentration: ☐ PHIT ☐ Global Health ☐ Community Health and Policy)

**1. Application Checklist:**

- ☐ Transcripts from all institutions
- ☐ CSU Application form (SOPHAS applicants will apply after officially admitted)
- ☐ DrPH Application form (this form)
- ☐ CV/ Resume
- ☐ 3 letters of recommendation
- ☐ Statement of Purpose and personal history statement
- ☐ TOEFL Scores (if applicable) (for Intl students 90 Points is passing)

**2. Please answer each of the following questions to confirm that you meet all of the minimum admission criteria:**

- a. I confirm that I meet all of the minimum application criteria for the DrPH program (graduate GPA of at least 3.0, MPH or equivalent graduate degree, 1 year of relevant experience): ☐ Yes ☐ No, but I would like to be considered for conditional admission
- b. Please list your cumulative Graduate GPA (for your highest degree): \_\_\_\_\_
- c. Do you have a Master of Public Health Degree (MPH) from an accredited program:
  - i. ☐ yes\_\_ (skip to section d) ☐ no
  - i. If no, what is your graduate degree (e.g. MD, MPA, MA, MS, JD etc.): \_\_\_\_\_
  - ii. Field of study for graduate degree: \_\_\_\_\_
  - iii. Do you have a second graduate degree you would like to list: ☐ yes ☐ no
    - 1. Graduate Degree 2: \_\_\_\_\_
    - 2. Field of Study for Graduate Degree 2: \_\_\_\_\_
  - iv. Please indicate your academic preparation for advanced doctoral training in public health through the completion of courses that meet the core requirements for

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Master's level public health training (only complete this question if you do NOT have an MPH from an accredited program):

1. Biostatistics: ☐yes ☐no
    - a. Course name/year: \_\_\_\_\_
  2. Epidemiology: ☐yes ☐no
    - a. Course name/year: \_\_\_\_\_
  3. Research Methods: ☐yes ☐no
    - a. Course name/year: \_\_\_\_\_
  4. Environmental Health: ☐yes ☐no
    - a. Course name/year: \_\_\_\_\_
  5. Theoretical Concepts and Issues in Public Health: ☐yes ☐no
    - a. Course name/year: \_\_\_\_\_
  6. Community Analysis and Program Planning: ☐yes ☐no
    - a. Course name/year: \_\_\_\_\_
- d. Do you have at least 1 year of full-time relevant experience in public health (internships count and 2 years of part time experience = 1 year full-time) ☐yes ☐no
- i. Total Years of relevant full-time experience: \_\_\_\_\_
  - ii. Please provide the job title: \_\_\_\_\_ and employer \_\_\_\_\_ for main employment experience used to fulfill this requirement. Additional relevant experience used to meet or exceed this requirement should be listed in your CV/Resume