



SUPPLEMENTAL APPLICATION FOR ADMISSION:
MASTERS OF PUBLIC HEALTH (MPH)
Wayne State University School of Medicine (WSUSOM)
Department of Family Medicine & Public Health Sciences

Application for admission for semester beginning: Fall 20__; [] Part-Time or [] Full-Time
(Please type or write legibly)

Return application materials to:
MPH Degree Office, Room 205
101 E. Alexandrine
Wayne State University
Detroit, MI 48201

PERSONAL INFORMATION

Full Name

Last First Middle

Different Surname(s) (if any)

Current Mailing Address

Street City State/Country Zip Code

Telephone Number Valid until Email address
Month/Day/Year

Permanent Address (if different from Current Address)

Street City State/Country Zip Code

Telephone Number: Which address would you prefer for correspondence? [] Permanent [] Current

Country of Citizenship: Place of Birth
(Give State also, if US Citizen) (Required of all international applicants)

If you are not a citizen of the United States, are you a permanent resident? [] Yes [] No

EDUCATION

List all undergraduate and graduate institutions attended, beginning with the most recent.

Table with 5 columns: INSTITUTION, MAJOR, GPA, DEGREE AWARDED, DATES OF ATTENDANCE

EXAMINATIONS TAKEN OR SCHEDULED

All students must arrange for official test scores to be forwarded directly to the Graduate School Admissions Office. Applications will not be complete until these are received.

Table for GRE and TOEFL scores with columns for test type, date taken/scheduled, and score.

Request for GRE Waiver: [] Yes (A request for GRE waiver for physicians, dentists, graduate degrees, etc. can be made by submitting a written request with explanation and evidence of licensure and/or degrees, if applicable.)

