

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.

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.

	Date Taken/Scheduled	Score, if available
<input type="checkbox"/> GRE Verbal	_____	_____
Quantitative	_____	_____
<input type="checkbox"/> TOEFL (international students only) or	_____	_____
<input type="checkbox"/> IELTS	_____	_____
<input type="checkbox"/> MELAB	_____	_____

**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.)

**OFFICIAL COLLEGE TRANSCRIPTS**

All original transcripts must be submitted directly to the Graduate Admissions Office. Applications will not be considered complete until all material has been received. All applicants must have taken at least one course in mathematics (including statistics), social sciences, and natural sciences and received at least a "B" grade. Please note below your relevant course work.

Mathematics/Statistics: Course \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_ (preferably within last 5y)  
 Social Sciences: Course \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_  
 Natural Sciences: Course \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

**RÉSUMÉ**

Please attach a résumé or CV. This should include information about the colleges/universities that you have attended academic honors, publications, work experience, and any other professional or community activities that you consider to be relevant.

**PERSONAL INTEREST STATEMENT**

A Personal Interest Statement is also required and can be submitted online and/or sent directly to the MPH office. This should be a typed, double-spaced essay of no more than 500 words in which you describe why you want a Graduate Certificate in Public Health Practice.

**REFERENCES**

Please provide information requested for those individuals who have agreed to submit professional letters of recommendation for you. These letters can be submitted online or sent directly to the MPH office.

NAME	POSITION	TELEPHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Application Materials Due:** International Applicants: January 1  
 U.S. Resident Applicants: February 15

**Checklist:**

- Applied to the Graduate School
- Arranged for official transcripts and test scores to be submitted to the Graduate Admissions Office
  - TOEFL or IELTS or MELAB
  - GRE
- Arranged for three (3) Letters of Recommendation to be submitted
  - Online to the Graduate Admissions Office
  - Directly by mail to the MPH office
- FM & PHS Supplemental GC Application with:
  - Personal Interest Statement
  - Professional Résumé or CV
  - Copy of GRE Results or Waiver Request if applicable
  - Copy of Professional Certificates and/or Examination Results if applicable

I certify that the information provided on my application form and related material is true, complete, and correct to the best of my knowledge. I understand that dishonesty, misrepresentation, or fraud in the admissions process may result in the rejection of an application, revocation of an offer of admission, or expulsion from the degree program.

**SIGNATURE** \_\_\_\_\_

Name

Date

**How did you first learn about this program?**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> WSU publication _____ | <input type="checkbox"/> Graduate School fair at _____ | <input type="checkbox"/> WSU faculty member    |
| <input type="checkbox"/> WSU website _____     | <input type="checkbox"/> Advertisement in _____        | <input type="checkbox"/> Undergraduate advisor |
| <input type="checkbox"/> Non-WSU website _____ | <input type="checkbox"/> WSU student or graduate       | <input type="checkbox"/> Other _____           |