



Application for Current Students

Submit completed application to:
 UNT Health Science Center – School of Public Health
 Office of Admissions, SSC-120
sph@unthsc.edu

SCHOOL OF PUBLIC HEALTH

Please Check One:	Application Fee
<input type="checkbox"/> U.S. Citizen	Waived
<input type="checkbox"/> Permanent Resident	Waived
<input type="checkbox"/> Non-U.S. Citizen	Waived

Please Print or Type

Name: Last _____ First _____ Middle _____ Maiden _____ Social Security Number _____

Current Address: Street _____ City _____ State _____ Zip Code _____

Length of time at current residence? _____ Months _____ Years

If less than 12 months, please attach a list of prior residences and the length of time you lived at each one.

Permanent Address: Street _____ City _____ State _____ Zip Code _____

(_____) _____ (_____) _____ E-Mail Address _____
 Area Code – Home Phone Area Code – Work Phone

Place of Birth: City/State/Country _____ **Citizenship:** Country _____

State of Legal Residence _____ If Texas, how long have you lived at your present address? _____

If Non-U.S. Citizen or Permanent Resident: Date and Port of Entry into the United States _____ Alien Registration Number _____

Emergency Contact: Name _____ Phone Number _____ Relationship _____

- _____ Global Health Graduate Certificate
- _____ Graduate Certificate in Public Health
- _____ Graduate Certificate in Food Security and Public Health
- _____ Public Health Graduate Certificate in GIS

Check the year in which you are applying: Fall 20 _____ Spring 20 _____ Summer 20 _____

Desired method of course instruction: _____ Online only _____ On-campus only _____ Online & on-campus

Admissions Requirements

- The applicant must hold a minimum of a bachelor’s degree or its equivalent from a recognized accredited institution.
- Current students seeking to add a Graduate Certificate to their course of study must be in good standing with their program and not on academic probation at the time of application. Students who have at any time during their program received a probationary status are encouraged to speak with their program advisor prior to adding a certificate to their studies.

Are you currently under charge or have you ever been convicted of a felony or misdemeanor other than minor traffic violations? If yes, you must submit a full written explanation to the School of Public Health, UNT Health Science Center, 3500 Camp Bowie Boulevard, Fort Worth, TX 76107. Yes No

Your name while attending the UNT Health Science Center: _____

Are you presently enrolled at another college? Yes No If Yes, where? _____

The Family Rights and Privacy Act of 1974 prohibit the health science center from releasing information to anyone other than the student. If you wish for someone to be able to discuss your file with this office, please list his or her name on this line.

Please print or type name: _____

I certify that the information submitted in these application materials is complete and correct. I agree to notify the proper officials of the institution of any changes in the information provided. I understand that falsification or omission of any information on the application documents will void my admission, cancel my enrollment, and/or result in appropriate disciplinary action.

Signature of Applicant

Date

- ◆ Clery Act and Campus Crime Statistics: <https://www.unthsc.edu/students/jeanne-clery-disclosure-of-campus-security-policy-and-crime-statistics-act/>