

SCHOOL OF PUBLIC HEALTH

Mail Completed Application to:
 UNT Health Science Center- School of Public Health
 Office of Student & Academic Services, EAD-716
 3500 Camp Bowie Boulevard
 Fort Worth, Texas 76107-2699

Please Check One: **Application Fee:**
 U.S. Citizen **\$40.00**
 Permanent Resident **\$40.00**

Please Print or Type

Name: Last First Middle Maiden Social Security Number (*optional*)

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

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

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

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

If Permanent Resident: Date and Port of Entry into the United States Alien Registration Number

Emergency Contact: Name Phone Number Relationship

Course of Study (select one):

- ___ Graduate Certificate in Public Health ___ Public Health Graduate Certificate in GIS
 ___ *Graduate Certificate in Food Security and Public Health ___ Global Health Graduate Certificate
 ___ *Biostatistics Certificate for Clinicians & Health Professionals ([Fall admission only](#))

**Only offered in an online format*

Complete Desired Enrollment Year: 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
- The student in this status is required to receive credit in all graduate courses taken, and must maintain a minimum 3.0 cumulative GPA
- To be considered for admission, the applicant must file the following official credentials with the School of Public Health Office of Student & Academic Services: (see address above)
 - Complete application
 - Application fee (checks or money orders need to be made payable to UNTHSC)
 - Complete official transcripts from all colleges or universities attended

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

Have you ever enrolled at the UNT Health Science Center? Yes No
 If yes, when? Fall Spring Summer Year: _____

Your name while attending the UNT Health Science Center: _____

High school last attended _____ City _____ State or Country _____ Graduation date _____

If not graduated, have you taken the GED? Yes No N/A

Please list **all colleges or universities** in which you have been officially registered. Include dates of attendance and degrees conferred (if applicable). Failure to list all schools attended will be considered an intentional omission and lead to enforced withdrawal.

Institution ----- City, State	Dates Attended Month/Year to Month/Year	Major	Minor	Degree Conferred	Year Conferred

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

- ◆ All payments must be paid in US dollars, by check or money order, to **UNTHSC**.
- ◆ Clery Act and Campus Crime Statistics: <http://web.unthsc.edu/info/20033/homepage>
- ◆ **Admission Office: phone: 817-735-2401 toll free: 1-877-868-7741 fax: 817-735-2619 email: sph@unthsc.edu**

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Demographic Information Sheet

This form is not required to complete your application to the University of North Texas Health Science Center/School of Public Health. Information derived from this form is used to design recruitment plans for the UNT Health Science Center and not to determine your eligibility for admission.

Gender: Female
 Male

How do you describe yourself? White (Non-Hispanic) Male
 Black (Non-Hispanic)
 Puerto Rican (Mainland)
 Mexican American

Hometown: _____

City / State / Country Native American/Alaskan Native
 Asian/Pacific Islander
 Other Hispanic
Other: _____

How did you learn about the UNT Health Science Center/School of Public Health?
 World Wide Web
 UNT Health Science Center Student
 UNT Health Science Center Faculty/Staff Member
 UNT Health Science Center Alumnus
 Graduate/Professional School Fair
 Your Academic Advisor
 Poster/Brochures
 Peterson' Guide to Graduate Study
 GradAdvantage
 Associations of Schools and Programs of Public Health (ASPPH)
 Schools of Public Health Application Service (SOPHAS)
 Other: _____

Please briefly explain the most important factor in your decision to apply to the University of North Texas Health Science Center/School of Public Health:

Signature of Applicant

Date: MM/DD/YYYY