



UNIVERSITY of NORTH TEXAS
HEALTH SCIENCE CENTER *at Fort Worth*
★
School of Public Health

Dear Applicant:

Thank you for applying to the University of North Texas Health Science Center's School of Public Health. The application contains both required information and optional information, which gives you an opportunity to tell us more about yourself. All of this information is important to the Admissions Committee in evaluating your application. During this process, if you need assistance in completing the application, please contact the School of Public Health at 817-735-2401 or 1-877-868-7741 (toll free).

The University of North Texas Health Science Center is accredited by the Southern Association of Colleges and Schools (SACS). Additionally, the School of Public Health is accredited by the Council on Education for Public Health.

Applicants applying for the first time to the School of Public Health must pay a non-refundable application fee of \$25. A foreign transcript evaluation fee of \$50 is assessed to any applicant, regardless of national origin, who submits a foreign transcript for consideration. Applicants who submit pre-evaluated transcripts will not be charged a fee if the evaluation was conducted in English, utilizes the appropriate grading scale for consideration, and was conducted by a regionally accredited U.S. institution of higher education or nationally recognized transcript evaluation service. All fees must be paid in U.S. currency. This application fee is valid for one year from the application date. These fees are subject to change at any time.

Please remember that your application is not complete until the School of Public Health Office has received all required materials. Please refer to the "Application Checklist" to ensure inclusion of all required documents to complete your application packet.

The School of Public Health admits M.P.H. students three times per year: fall, spring and summer and Dr.P.H. students once a year, fall.

MPH-Application deadlines are April 1st for the fall,, September 1st for spring and February 1st for the summer semesters.

Dr.P.H.-Application deadline is April 1st for the fall semester.

If possible, I look forward to meeting with you for a tour of our campus and an opportunity for you to speak with faculty and students. If you have any questions or concerns regarding your application, please contact the School of Public Health, Office of Student & Academic Services at (817) 735-2401 or email sph@hsc.unt.edu .

Sincerely,

Diane Wynn, M.Ed.
Director, Student & Academic Services
School of Public Health



UNT Health Science Center School of Public Health

Application Checklist

Have you included the following items in the envelope provided?

- Application for Admission.** It is important to complete all of the requested information on the application form and that you sign and date the form.
- Application Fee.** Only checks and money orders in US currency are acceptable forms of payment. Please make payable to the UNT Health Science Center for \$25.00 and a \$50.00 transcript evaluation fee, if necessary.
- Demographic Information Form (Optional).** The University of North Texas Health Science Center at Fort Worth is an equal opportunity / affirmative action institution. It is the policy of the Health Science Center not to discriminate on the basis of race, color, religion, gender, age, national origin, disability, or disabled veteran or veteran of the Vietnam era status in its educational programs, activities, admissions, or employment policies. Questions or complaints should be directed to the Equal Opportunity Office, 817-735-2357.
- Transcripts from all previous college work.** Transcripts must be either sealed in envelopes with the signature of the Registrar placed across the envelope seal. Transcripts and degree certificates in unsealed or opened envelopes are not considered official documents. All foreign institution transcripts must be provided in both the native language and an English translation.
- Letters of Recommendation.** Letters must be sealed in the envelopes provided with the author's signature placed across the seal. Unsealed or opened letters will not be accepted.
- Statement of Professional Goals.** Please include a statement of your professional goals, referencing the concentration of study you wish to pursue. The statement should be limited to two typed double-spaced pages in a font size of 10, 11 or 12.
- Resume.** Please attach a current resume outlining your employment history, particularly any experience related to the field of public health.
- Graduate Record Examination (GRE) scores.** Scores must be sent directly to the University of North Texas Health Science Center/School of Public Health from the Educational Testing Services (ETS). The institutional reporting code for School of Public Health is 6565.
- Test of English as a Foreign Language (TOEFL) scores.** Scores must be sent directly to UNT Health Science Center/School of Public Health from the Educational Testing Services (ETS). The institutional reporting code is 6565. Minimum score requirements are 213 on the computer based test and 550 on the written test.

Remember!

Non-U.S. Citizen Applicants

Application for Admission

3500 Camp Bowie Boulevard
Fort Worth, Texas 76107-2699
P: 817/735-2401 Toll-Free: 877/868-7741
Web site: www.hsc.unt.edu
E-mail: sph@hsc.unt.edu

Please Check One:
 U.S. Citizen
 Permanent Resident
 Non-U.S. Citizen

Application Fee:
 \$25.00
 \$75.00
 \$75.00

Please Print or Type

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

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

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

Texas is my state of legal residence? Yes No

Place of Birth: City/State/Country _____

Citizenship: Country _____

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 _____

Course of Study: When do you plan to enroll? Spring 20__ Summer 20__ Fall 20__

Master of Public Health (M.P.H.) (Check only one)

- Biostatistics
- Behavioral Sciences
- Clinical Research
- Community Health
- Environmental Health
- Epidemiology
- Health Informatics
- Health Management
- Health Policy
- Occupational Health
- Social Sciences

Doctor of Public Health (Dr.P.H.) (Check only one)

- Biostatistics
- Epidemiology
- Health Management & Policy
- Social & Behavioral Sciences

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: _____

**Application for Admission
 UNT Health Science Center
 School of Public Health**

Applicant's Name: _____
 Last First

Social Security #: _____

Your name while attending the UNT Health Science Center: _____

Have you taken the Graduate Record Exam (GRE) and forwarded your scores to the UNT Health Science Center/School of Public Health? Yes No If yes, date of exam: _____

Have you taken the TOEFL exam and forwarded your scores to the UNT Health Science Center/School of Public Health? (Required for all international applicants) Yes No If yes, date of exam: _____

High school last attended City State or Country Graduation date

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

Please note: GRE & TOEFL scores must be sent directly to the School of Public Health from Educational Testing Service (ETS). The School of Public Health code is **6565**.

Please list **all colleges or universities** in which you have been officially enrolled. 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? _____

Are you presently enrolled in an English language program? Yes No

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 **UNT Health Science Center**.
- ◆ Campus crime statistics are available at **www.hsc.unt.edu/cleryact**



UNT Health Science Center School of Public Health

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.

Date of Birth: _____
Date: MM/DD/YYYY

Gender: Female Male

How do you describe yourself? White (Non-Hispanic) Native American/Alaskan Native
 Black (Non-Hispanic) Asian/Pacific Islander
 Puerto Rican (Mainland) Other Hispanic
 Mexican American Other: _____

Hometown: _____
City / State / Country

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
 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



UNT Health Science Center

School of Public Health

Confidential Evaluation Form

Name of applicant for graduate study:
(Please print)

Last NameFirst NameMiddle Name

Social Security Number

To be completed by the evaluating individual:

I have known the applicant approximately _____ years. During this time, the applicant was an:

- Undergraduate Student Graduate Student Assistant of mine
- Department assistant Other: _____

I know the applicant: Quite well Fairly well Not very well

I would compare the applicant with other students/employees of his/her level as follows:

	Superior	Above Average	Average	Below Average	No Basis for Opinion
Teaching Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to master academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express himself/herself orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to use experimental techniques in his/her field:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please evaluate the applicant regarding his/her scholarly or creative capability and potential to complete a graduate degree (expressed as a percentile rating by placing an "X" in the appropriate place on the scale below).

- 100% 90% 80% 70% 60% <60%

I feel that his/her grades... do do not ...represent his/her level of ability.

Additional comments (use reverse side if necessary): _____

In summary, I would give a... very strong strong average no ...recommendation for this individual.

Recommend with reservations (please explain): _____

Please seal in the envelope provided and return to the applicant.

Print NameTitle

Street Address

City / State / Zip

You may attach additional information.

Signature of EvaluatorDate



UNT Health Science Center

School of Public Health

Confidential Evaluation Form

Name of applicant for graduate study:
(Please print)

Last Name

First Name

Middle Name

Social Security Number

To be completed by the evaluating individual:

I have known the applicant approximately _____ years. During this time, the applicant was an:

Undergraduate Student Graduate Student Assistant of mine

Department assistant Other: _____

I know the applicant: Quite well Fairly well Not very well

I would compare the applicant with other students/employees of his/her level as follows:

	Superior	Above Average	Average	Below Average	No Basis for Opinion
Teaching Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Master's potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctoral Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to master academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express himself/herself orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to write	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-reliance and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to use experimental techniques in his/her field:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please evaluate the applicant regarding his/her scholarly or creative capability and potential to complete a graduate degree (expressed as a percentile rating by placing an "X" in the appropriate place on the scale below).

100% 90% 80% 70% 60% <60%

I feel that his/her grades... do do not ...represent his/her level of ability.

Additional comments (use reverse side if necessary): _____

In summary, I would give a... very strong strong average no ...recommendation for this individual.

Recommend with reservations (please explain): _____

Print Name

Title

Street Address

City / State / Zip

Please seal in the envelope provided and return to the applicant.

Signature of Evaluator

Date

You may attach additional information.

UNT Health Science Center-SPH; Office of Student & Academic Services, EAD-716; 3500 Camp Bowie Blvd.;
Fort Worth, TX 76107

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION TO BE CONSIDERED FOR ADMISSIONS



**UNT Health Science Center
School of Public Health**

Sponsor's Statement

Non-U.S. Citizens and Permanent Residents

U.S. Government Form I-134, Affidavit of Support, may be substituted for this form.

I certify that I will make available to _____ a minimum of \$33,685 during
(Applicant's Full Name)
each academic year of his/her enrollment at the UNT Health Science Center.

Family/Last Name

First/Given Name

Mailing Address:

Street Address/P.O. Box

Apartment Number

City

State/Province

Postal Code

Country/ Texas County

Relationship of sponsor to applicant (please explain): _____

I certify that the information submitted in these application materials, regarding my financial support of the applicant, is complete and correct to the best of my knowledge. 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 the applicant's admission, cancel his/her enrollment, and/or result in appropriate disciplinary action.

Signature of Sponsor

Date: MM/DD/YYYY



**UNT Health Science Center
School of Public Health
Statement of Support**

Non-U.S. Citizens and Permanent Residents

All international students, attempting to obtain a Visa to enter the United States, are required to verify the availability of financial resources to pay for educational, living, insurance and other expenses prior to the issuance of Form I-94, Form I-20 or Form IAP-66.

I certify that I will have a minimum of \$33,685 in U.S. currency available to meet my expenses (excluding travel) for each twelve-month academic year at the UNT Health Science Center. Yes No

These funds will be provided by:

- My own savings (If you choose this option, a Bank Statement Form must be completed). \$ _____
- My Parents (If you choose this option, the Sponsor's Statement Form and Bank Statement Form must be completed). \$ _____
- Other Sponsor (If you choose this option, the Sponsor's Statement Form and Bank Statement Form must be completed). \$ _____
- Scholarship/Educational loan (If you choose this option, you must attach a letter from the organization providing the funding). \$ _____

Total in U.S. Currency: \$ _____

Will your spouse, child/children, or other dependents accompany you to the United States? Yes No

If yes, please provide the following information about them:

Family/Last Name	First Name	Date of Birth	Country of Birth	Relationship to Student
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Who will provide financial support for these dependents? _____

I further certify that I will have adequate funds for travel to the United States and can make the necessary arrangements to have all funds transferred to the United States. I understand that regulations prohibit me from off-campus employment until I have been a student for a minimum of two long semesters (fall & spring). I am aware that on-campus employment is not guaranteed and will not meet a student's educational and living expenses.

Signature of Applicant

Date: MM/DD/YYYY

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION TO BE CONSIDERED FOR ADMISSIONS



**UNT Health Science Center
School of Public Health**

Bank Statement

Non-U.S. Citizens and Permanent Residents

An original bank statement in U.S. currency needs to be attached to this document.

I certify that _____ has adequate funds, equal to or greater than
(Sponsor's Full Name)

\$33,685 in U.S. currency per academic year, to meet the expenses of the applicant to and prospective student of the UNT Health Science Center.

Is the sponsor named above the same individual identified on the attached Sponsor's Statement?

Yes No

Signature of Applicant

Family/Last Name (Bank Official)

First/Given Name (Bank Official)

Bank Name

Street Address (Bank)

Mailing Address (Bank)

City State/Province Postal Code Country/ Texas County

I certify that the information submitted in these application materials, regarding the financial standing of the sponsor is complete and correct to the best of my knowledge. I agree to notify the proper officials of the UNT Health Science Center of any changes in the information provided. I understand that falsification or omission of any information on these documents will void the applicant's admission, cancel his/her enrollment, and/or result in appropriate disciplinary action.

Signature of Bank Official

Date: MM/DD/YYYY

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION TO BE CONSIDERED FOR ADMISSIONS



**UNT Health Science Center
School of Public Health**

Visa Classification and Financial Support

Non-U.S. Citizens and Permanent Residents

Family/Last Name

First/Given Name

City and Country of Birth

Country of Citizenship

_____ Marital Status: Married Single Gender: Male Female
Date of Birth: MM/DD/YYYY

Occupation in Home Country

Name of School / Company

Name of Closest Living Relative (spouse if married or parent if single)

Permanent Home Address

Present Mailing Address

If you move during the period of your application to or enrollment at the UNT Health Science Center, you must provide a forwarding address to both the health science center and the U.S. Post Office.

What type of visa do you need for entry into the United States?

Student (F-1) Exchange Visitor (J-1) Other

If other, please explain: _____

In order to secure an F-1 student visa, you will need an I-20 Form. This form will be forwarded to you upon your acceptance for admission to the UNT Health Science Center.

If you qualify as a J-1 exchange visitor, you will receive an IAP-66 when your eligibility has been verified.

If you are already in the United States, enclose a copy of your Form I-20 page 3 or Form IAP-66 and I-94 (front and back).