



UNIVERSITY of NORTH TEXAS  
HEALTH SCIENCE CENTER *at Fort Worth*

★  
School of Public Health

Dear Prospective Student:

Thank you for your interest in graduate study at the University of North Texas Health Science Center/School of Public Health. The School of Public Health offers the following degrees, Master of Health Administration (M.H.A), Master of Public Health (M.P.H.), Doctor of Public Health (Dr.P.H.) and dual degree options.

Applicants to the MPH or DrPH program must use the Schools of Public Health Application Service, SOPHAS, [www.sophas.org](http://www.sophas.org) .

Applicants to the **MHA, MS/MPH** or **MSN/MPH** programs may apply through either SOPHAS or UNTHSC School of Public Health. Follow all guidelines when applying through SOPHAS, [www.sophas.org](http://www.sophas.org) . If applying to the UNTHSC directly, complete and return all application materials to the UNTHSC-School of Public Health Office of Student & Academic Services Office(see address below).

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 (CEPH).

You may apply for admission by completing the enclosed application documents, returning them with the application fee and sealed official copies of all transcripts. The application fee is \$40.00. Please refer to the “Application Checklist” to ensure inclusion of all required documents to complete your application packet.

**Application Deadlines:**

**Fall- March 15<sup>th</sup>**

**Spring-September 1<sup>st</sup>**

**Summer-February 15<sup>th</sup>**

International students should apply for admissions at least six weeks prior to the application deadline.

Additionally, a competitive score on the Graduate Record Examination ([www.ets.org](http://www.ets.org)) is required for entrance into all of the degree programs. Scores must be reported using the institutional code (6565) for the University of North Texas Health Science Center/School of Public Health.

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 admissions and Student Services at (817) 735-2401 or email [sph@hsc.unt.edu](mailto:sph@hsc.unt.edu) .

Thank you,

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. Mail application and application materials to: UNTHSC-School of Public Health, Office of Student and Academic Services, 3500 Camp Bowie Blvd., Fort Worth, TX 76107-2699.
- ❑ **Application Fee.** Only checks and money orders in US currency are acceptable forms of payment. Please make payable to the UNT Health Science Center.
- ❑ **Demographic Information Form (Optional).** The UNT 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's seal or forwarded directly to the School of Public Health from the institutions Registrar. Transcripts in unsealed or opened envelopes will not be accepted. All foreign institution transcripts must be provided in both the native language and an English translation.
- ❑ **Foreign Transcript Evaluation Report.** Foreign transcripts must be evaluated through WES ([www.wes.org](http://www.wes.org)) to include course-by-course U.S. grade point equivalencies. The report should be sent directly from WES to UNTHSC-School of Public Health.
- ❑ **Three Letters of Recommendation.** Letters must be sealed in an envelope with the author's signature placed across the seal. Unsealed or opened letters will not be accepted. Recommenders may email their letters to [sph@hsc.unt.edu](mailto:sph@hsc.unt.edu).
- ❑ **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 Educational Testing Services ([www.ets.org](http://www.ets.org)). **The institutional reporting code for UNT Health Science Center/School of Public Health is 6565.**

*Remember!*

*Non-U.S. Citizen Applicants*

**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 ([www.ets.org](http://www.ets.org)). Minimum requirements: 550 written, 213 computer and 79 internet based test. Use **institutional reporting code 6565.**

Mail application materials to: **UNT Health Science Center- SPH  
Office of Student & Academic Services, EAD-716  
3500 Camp Bowie Blvd.  
Fort Worth, TX 76107-2699**



# Application for Admission

Please Print or Type

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

<b>Please Check One:</b>	<b>Application Fee:</b>
<input type="checkbox"/> U.S. Citizen	\$40.00
<input type="checkbox"/> Permanent Resident	\$40.00
<input type="checkbox"/> International	\$40.00

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

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

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

Texas is my state of legal residence?  Yes  No

**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

\*Check the semester in which you are applying and enter the year:  Spring 20\_\_\_\_  Summer 20\_\_\_\_  Fall 20\_\_\_\_

**Course of Study:** (Check only one)

**Master of Health Administration (M.H.A.)**

**Dual Degrees Options:** (Check only one)

**DO/MPH** (Please circle the concentration applying to):  
biostatistics / community health / epidemiology / environmental health / occupational health / health management & policy

**MS-Applied Anthropology/ MPH-Community Health**

**MSN/MPH-Health Management & Policy**

\*must be accepted by TCOM to be eligible. Students may begin MPH program in the summer semester prior to starting medical school. Contact [TCOMadmissions@hsc.unt.edu](mailto:TCOMadmissions@hsc.unt.edu) to have them release your transcripts and MCAT scores to the SPH-Office of Student & Academic Services.

\*Students must also apply to UNT's Graduate program in Applied Anthropology. For more information contact Lisa Henry, Ph.D., at [henryl@pacs.unt.edu](mailto:henryl@pacs.unt.edu)

\*Students must also apply to UT-Arlington's Graduate program in Nursing. For more information contact Joy Don Baker, RN, Ph.D., at [jdbaker@uta.edu](mailto:jdbaker@uta.edu)

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: \_\_\_\_\_

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: \_\_\_\_\_

Scores on the GRE and TOEFL exams must be reported directly to the UNT Health Science Center to be valid.

High school last attended \_\_\_\_\_ City \_\_\_\_\_ State or Country \_\_\_\_\_ Graduation date \_\_\_\_\_  
 If not graduated, have you taken the GED?  Yes  No  N/A

Please note: 1) **D.O. /M.P.H. applicants need only submit MCAT scores for admission.**  
 2) **GRE 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 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? \_\_\_\_\_

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](http://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  
 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:

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\_\_\_\_\_  
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)

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Last Name	First Name	Middle Name
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 Social Security Number

To be completed by the evaluating individual:

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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Undergraduate Student | <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Assistant of mine |
| <input type="checkbox"/> Department assistant  | <input type="checkbox"/> 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"/>
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).

- |                               |                              |                              |                              |                              |                               |
|-------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> 100% | <input type="checkbox"/> 90% | <input type="checkbox"/> 80% | <input type="checkbox"/> 70% | <input type="checkbox"/> 60% | <input type="checkbox"/> <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 an envelope, sign back seal and return to the applicant or mail to address below.**

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Print Name	Title
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 Street Address

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 City / State / Zip

**You may attach additional information.**

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Signature of Evaluator	Date
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**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"/>
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

**Please seal in an envelope, sign back seal and return to the applicant or mail to address below.**

\_\_\_\_\_

Street Address

\_\_\_\_\_

City / State / Zip

**You may attach additional information.**

\_\_\_\_\_

Signature of Evaluator

\_\_\_\_\_

Date