

SCHOOL OF PUBLIC HEALTH

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

**Please Print or Type**

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**Name:** Last                      First                      Middle                      Maiden

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

Length of time at current residence?                      \_\_\_\_\_ Months                      \_\_\_\_\_ Years

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

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

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

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**Emergency Contact:** Name                                              Phone Number                                              Relationship

Desired Enrollment Year: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

**Admissions Requirements**

- The applicant must be currently enrolled or a graduate of UNT Health Science Center School of Public Health
- The student in this program 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 Admission & Academic Services: (see address above)
  - Complete application

Last semester enrolled at UNT Health Science Center School of Public Health?  Fall  Spring  Summer Year: \_\_\_\_\_

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

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.

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://www.hsc.unt.edu/departments/police/statistics.html>