UNT | HEALTH SCIENCE CENTER

SCHOOL OF PUBLIC HEALTH

Application for Graduate Certificate in Public Health Admissions

Please Check One: **Application Fee:**

□ **U.S. Citizen** **$40.00**

□ **Permanent Resident** **$40.00**

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 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 ***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

_____

Course of Study: Graduate Certificate in Public Health

Complete Desired Enrollment Year: Fall 20____ Spring 20____ Summer 20____

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)
    - o Complete application
    - o Application fee (checks or money orders need to be made payable to UNTHSC)
    - o 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://www.hsc.unt.edu/departments/police/statistics.html
- **Admissions 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.

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

Gender: ❑ Female ❑ Male

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