

UNIVERSITY OF KANSAS SCHOOL OF MEDICINE
MASTER OF PUBLIC HEALTH
Application For Admission to MPH Program of Study
(PLEASE TYPE OR PRINT CLEARLY IN INK)

PERSONAL INFORMATION

1. Legal Name: _____
LAST NAME FIRST NAME MIDDLE NAME OTHER NAMES USED ON RECORD

2. Mailing Address: _____
NUMBER STREET APT. # CITY STATE COUNTY ZIP

3. Permanent Mailing Address: (if different from above)

NUMBER STREET APT. # CITY STATE COUNTY ZIP

4. Home Phone Number: _____ **Business Phone Number:** _____
E-mail: _____ **Fax Number:** _____

5. Do you intend to complete your MPH coursework as a full time or part time student?
Full Time Part Time

6. At which site do you now intend to complete your KU-MPH coursework?
Kansas City Wichita

7. Where do you plan to reside while completing your KU-MPH coursework?
Kansas City area Wichita area Other _____

8. Do you plan to enroll in another degree program concurrent to the MPH program? Yes No

9. Are you currently enrolled in another degree program? Yes No

If YES, please list degree program

10. How did you hear about the KU-MPH Program?

***VOLUNTARY**

BACKGROUND AND LIFE EXPERIENCES

The following questions provide an opportunity for you to describe briefly (i.e., 250 words or less) your background and life experiences. This MPH program is committed to equal opportunity and nondiscrimination in all programs and services, and does not discriminate on the basis of race, ethnicity, religion, sex, age, sexual orientation, marital status, disability or veteran status.

11. Have you had experience in the public health or health care fields? If so, how many years of such experience will you have by the time of your anticipated enrollment? Please describe briefly. [Required]

12. In the space provided below, please describe any culturally diverse experiences you may have had. Examples of these might include but are not limited to: life experiences with individuals from other cultural backgrounds; bilingual or multilingual capability; life experiences in non-western or third world countries; or others. [Required]

13. In the space provided below, please describe your experiences in dealing with or overcoming adversity. Examples of these might include but are not limited to: life experiences in rural, inner city, diverse communities; educational, professional or career challenges; success in overcoming financial, social, family, physical, educational barriers; or adversity due to societal biases. [Required]

14. Would you describe yourself as coming from a disadvantaged background? If yes, explain in the space provided. Otherwise, type "NO" in the space.

PERSONAL STATEMENT

15. Prepare a statement indicating the general problem or area of interest you wish to study, your goals in pursuing the MPH degree, and why this program is expected to meet your needs. Please submit this statement typed on the attached form.

16. I am interested in the following public health areas: (check all that apply)

- public health administration
- health education/health promotion
- epidemiology
- biostatistics
- occupational health

- public health policy
- environmental health
- community development
- organizational leadership
- other

I certify that all the answers I have given in this application are accurate to the best of my knowledge, and if admitted, I understand that falsified information could result in my dismissal from the KU-MPH Program.

DATE

SIGNATURE

Note: The University of Kansas Master of Public Health Program reserves the right to verify the information contained herein and your signature is accepted as approval to verify the same.

UNIVERSITY OF KANSAS SCHOOL OF MEDICINE
MASTER OF PUBLIC HEALTH
Graduate Admission Personal Statement
(250-500 word limit)

I certify that the statement on this page has been composed and prepared by me.

NAME (PLEASE PRINT)

SIGNATURE

DATE