



Master of Public Health Program
 Department of Public Health Sciences
 One Shields Ave., MS 1C
 University of California, Davis
 Davis, CA 95616-8638
 Ph: 530-754-4992
 Fx: 530-752-0903

Master of Public Health Application for Admission

Applications must be received by December 1 (priority deadline) or January 15 (final deadline).

Return all application materials to:
 MPH Student Affairs Officer
 Department of Public Health Sciences
 One Shields Ave, MS 1C
 University of California, Davis
 Davis, CA 95616-8638

Status: Please check one:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Non health-clinician with Bachelor's degree (conferred by 7/31/2010) <input type="radio"/> current UC Davis medical student <input type="radio"/> current UC Davis veterinary student <input type="radio"/> current medical student at _____ <input type="radio"/> current veterinary student at _____ <input type="radio"/> current MD/DO <input type="radio"/> current DVM | <ul style="list-style-type: none"> <input type="radio"/> current DDS <input type="radio"/> current PharmD <input type="radio"/> current NP with Bachelor's degree <input type="radio"/> current RN with Bachelor's degree <input type="radio"/> current PA with Bachelor's degree <input type="radio"/> Other clinical health professional (e.g., DPM, Specify: _____). |
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Are you also applying to the Primary Care Fellowship Program (PCOR) at UC Davis? Yes No

Legal Family Name	First Name	Middle Name	E-mail Address
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Current Mailing Address	City	State/Zip Code/Country	Current Telephone
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Permanent Mailing Address (if different from above)	City	State/Zip Code/Country	Permanent Telephone
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Name that appears on transcripts if different from above	Date of Birth (m/d/y)	U.S. Social Security Number
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Birthplace (City, State, Country)	Country of Citizenship
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The social security number you provide on this form will be used by the University to verify your identity and will be reported to the Internal Revenue Service pursuant to the Taxpayer's Relief Act of 1997. Disclosure is mandatory. See application instructions for more information.

Citizen of the U.S.?: YES
 NO: If you are not a U.S. citizen, what type of visa do you hold?
 _____ Immigrant or Permanent Resident of the U.S.: Green Card # _____
 _____ Other (specify) _____ Date you will arrive in the U.S.: _____
 What type of visa do you expect to hold while attending UC Davis? _____

Are you a legal resident of California for tuition purposes? YES NO

For information on establishing legal residence for tuition purposes, contact the UC Davis Residency Deputy at:
<http://registrar.ucdavis.edu/html/slr.html>

Statistical Information: This information will be used for purposes of statistical analysis only; it is not used in the admissions process and will have no bearing on your admission status. Providing this information is voluntary.

Gender (optional):	Ethnic Identity: (optional) See application instructions for more information.
<input type="radio"/> Male <input type="radio"/> Female	<input type="checkbox"/> AF -African-American/Black <input type="checkbox"/> AI -American Indian/Alaska Native <input type="checkbox"/> CH -Chinese-American/Chinese <input type="checkbox"/> DS -Decline to state <input type="checkbox"/> MX-Mexican-American/Chicano <input type="checkbox"/> KO -Korean/American Korean <input type="checkbox"/> LA -Latino/Hispanic (specify) _____ <input type="checkbox"/> EI -East Indian/Pakistani <input type="checkbox"/> OA-Other Asian <input type="checkbox"/> FP -Filipino/Pilipino <input type="checkbox"/> PM-Puerto Rican-Mainland <input type="checkbox"/> PC -Puerto Rican-Commonwealth <input type="checkbox"/> PI-Pacific Islander/Polynesian <input type="checkbox"/> SA -Southeast Asian <input type="checkbox"/> WH-White/Caucasian <input type="checkbox"/> JA -Japanese-American/Japanese <input type="checkbox"/> OT -Other (please specify) _____

Summary of Attendance: (List below in chronological order, all institutions of college level that you attended or are attending now; include all regular, concurrent and/or summer studies regardless of the length of attendance.)

Institution	Dates of Attendance (month and year)	Degree Awarded or Expected	Date Awarded or Expected	GPA

Transcripts: Official Transcripts must be provided for each of the schools listed above.

I am a current UC Davis medical or veterinary student and have signed the release at the end of this application for all my records, including transcripts, to be transferred from the School of Medicine or the School of Veterinary Medicine.

Test Scores: (Check one of the following.)

GRE: Date _____ Scores: Verbal: _____; Quantitative _____; Analytic Writing _____
 Percentage: _____; Percentage: _____; Percentage: _____

MCAT (for MD/DOs only): Date _____ Score _____; Percentile: _____

GMAT (For MBAs only): Date _____ Score _____; Percentile: _____

I am a current UC Davis medical or veterinary student and have signed the release at the end of this application for all my records, including GRE or MCAT, to be transferred from the School of Medicine or the School of Veterinary Medicine.

TOEFL Examination (if English is not your native language): Paper Score _____ Date _____
 Internet Score _____ Date _____ Computer Score _____ Date _____

I am a current UC Davis medical or veterinary student and have signed the release at the end of this application for all my records, including TOEFL, to be transferred from the School of Medicine or the School of Veterinary Medicine.

Honors, Awards:

What languages do you read, speak or write?

References: Please list the names and contact information for the three academic or professional references you are sending to us.

1.	_____	_____	_____	_____	_____
	Name	Title	Telephone	E-mail Address	Postal Address
2.	_____	_____	_____	_____	_____
	Name	Title	Telephone	E-mail Address	Postal Address
3.	_____	_____	_____	_____	_____
	Name	Title	Telephone	E-mail Address	Postal Address

Area(s) of Interest to you: *If you are interested in more than one AOE or not decided, please provide a rank of your choices starting with 1 as your first choice.*

- | | |
|--|---|
| <input type="checkbox"/> epidemiology | <input type="checkbox"/> human and zoonotic infectious diseases |
| <input type="checkbox"/> nutrition | <input type="checkbox"/> veterinary public health |
| <input type="checkbox"/> environmental and occupational health | <input type="checkbox"/> general public health |
| | <input type="checkbox"/> other: _____ |

Professional Background:

Please describe or list your experience and background in public health (*or attach your CV*):

Goals in Public Health: Please describe in a one-page, personal statement, your interests and professional goals as they relate to public health, and how you plan to use the MPH in your career.

(Attach a typed, single-spaced sheet—maximum of one page in length.)

INSTITUTIONAL ACTION, ACADEMIC MISCONDUCT, PROBATION, SUSPENSION AND DISMISSAL

You must answer Yes to this question if you were ever the subject of any institutional action resulting from unacceptable academic performance or a conduct violation, even if such action did not interrupt your enrollment or require you to withdraw. This includes probation, suspension and /or dismissal. You must answer Yes even if the action does not appear on or has been deleted from your official transcripts due to institutional policy or personal petition.

If you are not certain whether or not you have been the subject of an institutional action, probation, suspension or dismissal, contact the registrar, student affairs office or the appropriate party at the institution for confirmation of your record.

Applicants who become the subject the subject of an institutional action, suspension, or dismissal after certifying and submitting the MPH application must inform the program office that an action has occurred.

If you answer Yes, you may use the provided space beneath the question to explain; this space is 1325 characters or approximately one-quarter of a page in length. You can also use the space provided to tell us anything else regarding your academic background that you think is important. You will receive an error message if you exceed the allotted space.

Failure to provide accurate information in answering this question or, if applicable, in completing the form provided by the school, may result in withdrawal of an offer of acceptance or removal from the program.

FELONY AND MISDEMEANOR

You must answer Yes to this question if in the last ten (10) years you have been convicted of a Felony or Misdemeanor Crime.

If you answer Yes, you may use the provided space beneath the question to explain; this space is 1325 characters or approximately one-quarter of a page in length. You will receive an error message if you exceed the allotted space.

You must inform the MPH program office if you have been charged, convicted, or pleaded guilty or no contest to, a Felony and/or Misdemeanor crime after the date of submission of your application and prior to your matriculation into the MPH program. Your communication must be in writing and must occur within ten (10) business days of the occurrence of the criminal charge.. Failure to provide accurate information in answering this question or, if applicable, in completing the form provided by the school, may result in withdrawal of an offer of acceptance or removal from the program.

I certify that the statements in this application are true and complete to the best of my knowledge, and that I have attended no institution other than those listed on this application. I understand that the submitted records will not be returned.

Signature: _____

Date: _____

For Current Medical and Veterinary Medical Students at UC Davis:

Release of Information: The Offices of Admissions and of Registrars/Records of the School of Medicine and/or the School of Veterinary Medicine have permission to release my medical school or veterinary medical school application materials, including transcripts, MCAT and other test scores, etc., and my current UC student records to the MPH Admissions Committee, c/o the Department of Public Health Sciences.

Signature: _____

Date: _____