

APPLICATION FOR CERTIFICATE PROGRAMS

Rutgers University does not discriminate in admissions or access to its programs and activities on the basis of race/color, national origin, ethnicity, religion/creed, disability, age, marital status, sex, sexual orientation or veteran's status.

APPLICATION DEADLINES: **Fall** (September): May 1, February 15 for early decision **Spring** (January): October 15
Applications received after these dates have no guarantee that a decision will be made before the upcoming semester.

Please type or print legibly. The Rutgers School of Public Health must be in receipt of completed application form, official transcripts, application fee, tests scores and two current letters of recommendation by the deadlines noted before your application can be considered for admission. Upon receipt of all the required materials, your application will be forwarded to the Admissions Committee(s). Candidates must assume responsibility for all admission requirements prior to the application deadline.

Have you ever applied to or are you currently enrolled in a Rutgers school or program and when? _____

Please mail your application and non-refundable application fee of \$120.00 to the campus offering the certificate you wish to attend. Your check or money order should be made payable to the Rutgers School of Public Health:

New Brunswick
Mail to: Rutgers School of Public Health
683 Hoes Lane West, Room 135
Piscataway, NJ 08854

Newark
Mail to: Rutgers School of Public Health
Stanley S. Bergen Bldg
65 Bergen Street, Room 701
Newark, NJ 07101

Stratford
Mail to: Rutgers School of Public Health
University Educational Center
40 East Laurel Road, Suite 1060
Stratford, NJ 08084

YOU MUST NOTIFY US IMMEDIATELY OF ANY CHANGE IN YOUR MAILING ADDRESS.

1. **Name:** _____
Last Name *First Name* *Middle Initial*

Other name which may appear on credentials:

_____ *Last Name* *First Name* *Middle Initial*

2. **Email Address:** _____

3. **Current Mailing Address:** valid until: ____/____/____ (month/date/year)

_____ *Include Number, Street and Apt. Number* *City* *County / State* *Zip Code*

4. **Phone Numbers:**
_____ *Home Telephone Number (incl. area code)* *Business Telephone Number (incl. area code)* *Mobile Telephone Number (incl. area code)*

5. **Permanent Legal Address:**
_____ *Include Number, Street and Apt. Number* *City* *County / State* *Zip Code*

6. **If New Jersey Resident:**
_____ *County* *How Long?* *From: Month/Year* *To: Month/Year*

7. **Citizenship:** U.S. Foreign National U.S. Resident Alien Social Security # _____ - _____ - _____

Alien Card #: _____ Expires: ____/____/____ (month/date/year)

Foreign National-Country/Territory of Citizenship: _____ Visa Type: _____

If you indicated that you are a Foreign National, please provide a permanent address in your home country:

8. **Optional Personal Information:** Responses to these questions are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of the application.

Birth Date: ____/____/____ (month/date/year)

Gender: Male Female

Race/Ethnic Category: (Optional, but if you choose to complete this section, please complete both Part 1 and Part 2.)

Part 1 – Ethnicity

- Hispanic or Latino
- Non-Hispanic or Latino

Part 2 – Race (select one or more):

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Pacific Islander
- White or Caucasian

9. **Education:** List in chronological order all undergraduate and graduate institutions attended:

1. _____	_____	_____	_____	_____	_____	_____
<i>Institution</i>	<i>City/State</i>	<i>From – To (month/date/year)</i>	<i>Date of Degree (month/date/year)</i>	<i>Degree Earned</i>	<i>Major Field</i>	
2. _____	_____	_____	_____	_____	_____	_____
<i>Institution</i>	<i>City/State</i>	<i>From – To (month/date/year)</i>	<i>Date of Degree (month/date/year)</i>	<i>Degree Earned</i>	<i>Major Field</i>	
3. _____	_____	_____	_____	_____	_____	_____
<i>Institution</i>	<i>City/State</i>	<i>From – To (month/date/year)</i>	<i>Date of Degree (month/date/year)</i>	<i>Degree Earned</i>	<i>Major Field</i>	
4. _____	_____	_____	_____	_____	_____	_____
<i>Institution</i>	<i>City/State</i>	<i>From – To (month/date/year)</i>	<i>Date of Degree (month/date/year)</i>	<i>Degree Earned</i>	<i>Major Field</i>	
5. _____	_____	_____	_____	_____	_____	_____
<i>Institution</i>	<i>City/State</i>	<i>From – To (month/date/year)</i>	<i>Date of Degree (month/date/year)</i>	<i>Degree Earned</i>	<i>Major Field</i>	

10. **Year/Term Desired:** _____ Fall Spring

11. **Required Test Scores:**

The Graduate Record Exam (GRE) is required for admission for the Clinical Epidemiology, Global Public Health, and Health Policy Certificate Programs only. (The Graduate Management Admissions Test [GMAT] or the Medical College Admissions Test [MCAT] are acceptable in lieu of GRE for the Health Policy Certificate only.) Test scores must not be more than five years old. For other certificate programs, the GRE may be required for applicants with an undergraduate GPA less than 2.8. Foreign students must also complete the TOEFL (Test of English as a Foreign Language) Examination. GRE and TOEFL information may be requested through the Educational Testing Service, Box 955, Princeton, NJ 08541.

Official GRE test score reports must be sent to the Rutgers School of Public Health. The GRE codes are: 2567 for New Brunswick Campus; 2826 for Newark Campus; and 2202 for Stratford Campus.

GRE: Verbal _____ Quantitative _____ Writing _____ Date Taken: ____/____/____ (month/date/year) Plan to Take on: ____/____/____ (month/date/year)

TOEFL: _____ Date Taken: ____/____/____ (month/date/year) Plan to Take on: ____/____/____ (month/date/year)

12. **Undergraduate Grade Point Average:** _____, on a scale in which _____ is the highest grade.
Graduate Grade Point Average: _____, on a scale in which _____ is the highest grade.

13. **Certificates:** Select only ONE (1) Campus and ONE (1) Certificate Program.

■ New Brunswick Campus:

- Certificates: **General Public Health**
 Clinical Epidemiology
 Environmental and Occupational Health
 Global Public Health
 Health Policy
 Public Health Preparedness

(Print name of certificate program, see enclosure)

■ Newark Campus:

- Certificates: **General Public Health**
 Clinical Epidemiology
 Public Policy and Oral Health Services Administration

(Print name of certificate program, see enclosure)

■ Stratford Campus:

- Certificate: **General Public Health**

(Print name of certificate program, see enclosure)

14. **Recommendations:** Provide names and addresses of two individuals who have consented to send recommendations. (At least one letter should be from a faculty member if the applicant completed their undergraduate education, or equivalent, within the past five years.)
1. _____
2. _____

15. **Work or Other Relevant Experience:** List in reverse chronological order all work or other relevant experiences. Include names and addresses of employers and responsibilities. Be sure to give dates. Attach a supplemental page if necessary. Please start here:

Current Occupation: _____

16. **Awards and Honors:** List any honors or awards you have received.

17. **Goals:** Please attach an essay/statement of approximately 250 words addressing the following:

- Your career goals and how course offering leading to the selected degree might help to reach them; and
- Your breadth of experience and how this experience has contributed to your personal and professional growth.

18. **Applicant Agreement:** I have read and understand the attached statement of Essential Functions/Technical Standards, which all students must satisfy, with or without reasonable accommodations, for the course of study for which I am applying. I acknowledge that the Rutgers School of Public Health has established these requirements for successful academic progress toward the degree sought. I certify that all documents and information provided by me are true, accurate and complete. Any false or misleading information may result in actions including, but not limited to, rejection of this application, discipline, dismissal or revocation of degree. In addition, I realize my acceptance may be revoked if I engage in behavior that brings into question my honesty, integrity, maturity or ethical character.

Applicant's Signature

Date

19. **How did you hear about us?** Please enter any/all of the following that are applicable, and specifically identifying newspapers, radio stations, locations of open houses, etc., where possible.

- Internet search on public health, graduate schools of public health, etc.
 - Specific targeted website:
 - www.sophas.com
 - www.petersons.com
 - www.rutgers.edu
 - Other: _____
 - Recruitment Fair/Open House
 - Radio Advertisement
 - Newspaper/Printed Advertisement
 - Another Rutgers School, if so which one _____
 - Other: _____
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Rutgers University is committed to complying with the requirements of the Americans with Disabilities Act. In compliance with the Student Right to Know and Campus Security Act, the Annual Security Report is available from the Department of Public Safety, 335 George Street, New Brunswick, New Jersey.