

APPLICATION FOR CERTIFICATE DEGREE 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 Term (September): January 15 (*Applications will continue to be received and reviewed on a rolling basis until May 1.*)

Spring Term (January): October 15 (*Applications will continue to be received and reviewed after October 15 on a space available basis.*)

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. 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 \$135.00 to:

Rutgers School of Public Health
683 Hoes Lane West, Room 110
Piscataway, NJ 08854

Your check or money order must be made payable to the Rutgers School of Public Health.

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

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

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. Intended Enrollment Status: Full-Time (9 or more credits) Part-Time (less than 9 credits)

12. Required Test Scores:

The Graduate Record Exam (GRE) is required for admission only for the Clinical Epidemiology, Global Public Health, and Health Policy Certificate Programs. (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.) 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.

GRE and GMAT test score reports may be sent as a pdf document directly to the Rutgers School of Public Health at admissions@sph.rutgers.edu. Test scores must not be more than five years old.

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

Alternate Professional Test: Name (e.g. GMAT, MCAT) _____ Total Score _____ Date Taken: ____/____/____
(month/date/year)

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

13. **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.

14. **Certificates:** Applicants are accepted for consideration for the Certificate indicated and at the specific location noted.

Students are based at either the School's New Brunswick or Newark location depending on their Certificate selection and its location. Courses which fulfill certificate program requirements may be taken at either location.

General Public Health *Based at Rutgers Health Sciences at New Brunswick/Piscataway and at Rutgers Health Sciences at Newark*

Please check your preferred location for General Public Health: New Brunswick Newark No Preference

Clinical Epidemiology *Based at Rutgers Health Sciences at New Brunswick/Piscataway and at Rutgers Health Sciences at Newark*

Please check your preferred location for Clinical Epidemiology: New Brunswick Newark No Preference

Environmental and Occupational Health *Based at Rutgers Health Sciences at New Brunswick/Piscataway*

Global Public Health *Based at Rutgers Health Sciences at New Brunswick/Piscataway*

Health Policy *Based at Rutgers Health Sciences at New Brunswick/Piscataway*

Public Policy and Oral Health Services Administration *Based at Rutgers Health Sciences at Newark*

Public Health Preparedness *Based at Rutgers Health Sciences at New Brunswick/Piscataway*

15. **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. _____

16. **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.

Current Occupation: _____

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

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

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

19. **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 certificate 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 certificate. 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

20. **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: _____

21. **Have you applied to (or are you planning to apply to) other graduate programs or schools of public health?**

Yes If yes, please specify: _____

No