

APPLICATION FOR BACHELOR'S/MASTER'S 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): May 1 (*Applications will continue to be received and reviewed after May 1 on a space available basis.*)

Spring Term (January): December 1 (*Applications will continue to be received and reviewed after December 1 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, 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.

I am currently enrolled at (*select one*): Rutgers-Camden Rutgers-New Brunswick Rutgers-Newark
 New Jersey Institute of Technology The College of New Jersey Stockton University William Paterson University

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. U.S. Permanent Resident (holding a green card) Foreign National

Social Security #: _____

Permanent Resident 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

Non-Binary

Prefer Not to Say

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 institutions attended. Attach a supplemental page if necessary.

1. _____
Institution City/State

From – To (month/date/year) Expected Date of Degree (month/date/year) Expected Degree Earned Major Field

2. _____
Institution City/State

From – To (month/date/year) Expected Date of Degree (month/date/year) Expected Degree Earned Major Field

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

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

12. **Degrees:** Applicants are accepted for consideration in the concentration indicated and at the specific location noted.

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

Select one concentration for the MPH degree (if interested in dual concentration, please contact the School first):

Biostatistics (BIST) *Based at Rutgers Health Sciences at New Brunswick/Piscataway*

Environmental Health Sciences (ENHS) *Based at Rutgers Health Sciences at New Brunswick/Piscataway*

Epidemiology (EPID) *Based at Rutgers Health Sciences at New Brunswick/Piscataway and at Rutgers Health Sciences at Newark*

For planning purposes, which location do you think you would take a majority of your coursework for EPID?

New Brunswick Newark

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

Health Systems and Policy (HSAP) *Based at Rutgers Health Sciences at New Brunswick/Piscataway*

Occupational Safety and Health (OCSH) *Based at Rutgers Health Sciences at New Brunswick/Piscataway*

MORE CONCENTRATIONS LISTED ON THE NEXT PAGE

12. Degrees (cont.): Applicants are accepted for consideration in the concentration indicated and at the specific location noted.

- Public Health Nutrition (PHNU) *Based at Rutgers Health Sciences at New Brunswick/Piscataway and at Rutgers Health Sciences at Newark*

For planning purposes, which location do you think you would take a majority of your coursework for PHNU?

- New Brunswick
- Newark

- Social and Behavioral Health Sciences (SBHS) *Based at Rutgers Health Sciences at New Brunswick/Piscataway*

- Urban Public Health (URPH) *Based at Rutgers Health Sciences at Newark*

13. Recommendations: Provide names and addresses of two individuals who have consented to send recommendations. (One letter should be from your undergraduate program director or college dean and the other from a faculty member from your undergraduate education.)

1. _____

2. _____

14. Resume/CV: Attach a current resume/CV that provides information about your academic accomplishments, work and volunteer experiences, research, awards, honors, recognitions and/or other related activities or experiences. Be sure to include dates, names and addresses of employers/organizations and responsibilities.

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

- Your career goals and how program requirements 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.

16. Applicant Agreement: 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

17. 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.

- Faculty member
- Internet search on public health, graduate schools of public health, etc.
- Specific targeted website:
 - www.sophas.com
 - www.rutgers.edu
 - www.petersons.com
 - Other: _____
- Recruitment Fair/Open House
- Radio Advertisement
- Newspaper/Printed Advertisement
- Another Rutgers School, if so which one _____
- Other: _____

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.