

## 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.     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     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. \_\_\_\_\_  
*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*

3. \_\_\_\_\_  
*Institution* *City/State*

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

4. \_\_\_\_\_  
*Institution* *City/State*

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

5. \_\_\_\_\_  
*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. **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, Dental Public Health, 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.

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

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

**Applied Biostatistics** *Based at Rutgers Health Sciences at New Brunswick/Piscataway*

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

**Dental Public Health** *Based at Rutgers Health Sciences at Newark*

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

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

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

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

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

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

**Maternal and Child Health** *Based at Rutgers Health Sciences at New Brunswick/Piscataway*

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

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

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

**Urban Public Health** *Based at Rutgers Health Sciences at Newark*

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. **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.

17. **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.

18. **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 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*

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: \_\_\_\_\_

20. **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