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## ADMISSION REQUIREMENTS

Applicants must apply to the Division of Graduate Studies and to the Doctor of Public Health Degree Program in the School of Health Sciences. Admission to the Doctor of Public Health Degree Program is on a selective basis and is determined by the following criteria:

- Master of Public Health Degree or a master's degree in a related discipline in public health
- Admission to the Division of Graduate Studies at Jackson State University
- Academic promise as evidenced by above average achievements in undergraduate and graduate studies
- Satisfactory performance on the Graduate Record Examination (GRE) taken within the past five years
- Satisfactory performance on the TOEFL (international applicants only)
- Statement of purpose
- Curriculum vitae
- Letters of recommendation (three: two academic and one professional)
- Entrance interview (contingent upon initial assessment)

*Transfer students must meet the same admission standards as all other applicants*

**Application Deadline: March 1**

**Jackson State University  
College of Public Service  
School of Health Sciences**

**Doctor of Public Health  
Degree Program**

**Application Information**

**JACKSON STATE UNIVERSITY  
COLLEGE OF PUBLIC SERVICE  
SCHOOL OF HEALTH SCIENCES**

**Doctor of Public Health Degree Program  
Application for Admission**

**Concentration of Interest (Check one)**

Behavioral Health Promotion and Education     Epidemiology     Health Policy and Management

**Personal Information**

Name (Dr., Ms., Mr.) \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**List all Colleges and Universities Attended**

Name of Institution	Location	Attended From – To	Year Graduated	Degree Received	Major

**List Names and Addresses of Employers, Dates of Employment, and Position Titles.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*NOTE: Please supplement the above information with a résumé. Also, carefully review the enclosed checklist to ensure that you submit all required materials, including the Division of Graduate Studies application and fees.*

**I certify that the above information is correct. I understand that admission to the Division of Graduate Studies does not imply acceptance in the Dr.P.H. Degree Program of the School of Health Sciences.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**JACKSON STATE UNIVERSITY  
COLLEGE OF PUBLIC SERVICE  
SCHOOL OF HEALTH SCIENCES**

**Doctor of Public Health Degree Program**

**STATEMENT OF PURPOSE**

Write a statement reflecting your philosophy of public health, and your personal, professional, and educational goals. State how you believe the doctoral program in your proposed area of concentration will help you achieve your goals. **The statement should be 2-3 computer printed pages long and double spaced using a 12-point font size.**



Please carefully assess the applicant in the areas listed below. In making your assessment, compare the applicant to other individuals you have known who have similar education and levels of professional experience. You may provide additional observations by letter. If you decide to do so, please attach it to this form. We greatly appreciate your response.

	Outstanding	Excellent	Good	Average	Below Average	Unable to Assess
Analytical Ability						
Oral Communication Skills						
Written Communication Skills						
Leadership						
Ability to be Self-Critical						
Interpersonal Skills						
Initiative						
Reliability						
Ability to Work Independently						

In summary, what is your overall rating of the applicant regarding his/her ability to complete a doctoral program?

- Highly Recommend
  Recommend with Reservation
  Recommend
  Do Not Recommend

If you indicated “recommend with reservation” or “do not recommend,” please explain.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Address

**Please return the completed form to the applicant with your signature on the seal across the back of the envelope.**

*Jackson State University’s School of Health Sciences, College of Public Service recruits, admits and provides services, financial aid, and instruction to all students without regard to race, sex, religion, national origin, or physical disability.*



Please carefully assess the applicant in the areas listed below. In making your assessment, compare the applicant to other individuals you have known who have similar education and levels of professional experience. You may provide additional observations by letter. If you decide to do so, please attach it to this form. We greatly appreciate your response.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Institution

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Oral Communication Skills						
Written Communication Skills						
Leadership						
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Interpersonal Skills						
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Reliability						
Ability to Work Independently						

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Institution

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**JACKSON STATE UNIVERSITY  
COLLEGE OF PUBLIC SERVICE  
SCHOOL OF HEALTH SCIENCES**

**Doctor of Public Health Degree Program**

**CRITERIA FOR GRADUATE ASSISTANTSHIP  
(Tuition & Stipend)**

**1. Required Cumulative Grade Point Average**

Student must maintain a cumulative grade point average of 3.0 or higher in all coursework toward the Dr.P.H. Degree.

**2. Enrollment**

Student must be degree seeking.

Student must be enrolled full-time during academic year that the assistantship is awarded.

**3. Specifications and Limitations of Assistantship**

Assistantship will provide a monthly stipend for 15-20 hours per week of service provided to the School.

**4. Award Period**

Assistantship will be awarded for study during the academic year (fall and spring semesters).

**5. Duration of Assistantship**

Students may receive the assistantship for a minimum of one academic year of study toward the Dr.P.H. Degree.

**6. Employment Restriction**

Student must not engage in full-time employment during the period of the assistantship.

**JACKSON STATE UNIVERSITY  
COLLEGE OF PUBLIC SERVICE  
SCHOOL OF HEALTH SCIENCES**

**Doctor of Public Health Degree Program  
APPLICATION FOR GRADUATE ASSISTANTSHIP  
(Tuition & Stipend)**

Name (Dr., Ms., Mr.) \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Cellular Phone ( ) \_\_\_\_\_

Permanent Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Graduate Cumulative Grade Point Average \_\_\_\_\_

Honors/Awards/Leadership Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have read the criteria for the graduate assistantship and honestly completed the application.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

**JACKSON STATE UNIVERSITY  
COLLEGE OF PUBLIC SERVICE  
SCHOOL OF HEALTH SCIENCES**

**Doctor of Public Health Degree Program**

**CRITERIA FOR GRADUATE TUITION FELLOWSHIP**

**1. Required Cumulative Grade Point Average**

Student must maintain the required cumulative grade point average of 3.0 or higher in all coursework toward the Dr.P.H. Degree.

**2. Enrollment**

Student must be degree seeking.  
Student must be enrolled full time during the academic year that the tuition fellowship is awarded.

**3. Award Period**

Fellowship will be awarded for studying during the academic year (Fall and Spring semesters).

**4. Duration of Fellowship**

Student may receive the fellowship for a minimum of one academic year of study toward the Dr.P.H. Degree.

**JACKSON STATE UNIVERSITY  
COLLEGE OF PUBLIC SERVICE  
SCHOOL OF HEALTH SCIENCES**

**Doctor of Public Health Degree Program  
APPLICATION FOR GRADUATE TUITION FELLOWSHIP**

Name (Dr., Ms., Mr.) \_\_\_\_\_ Social Security # \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Cellular Phone ( ) \_\_\_\_\_

Permanent Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Business Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Graduate Cumulative Grade Point Average \_\_\_\_\_

Honors/Awards/Leadership Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I have read the criteria for the graduate assistantship and honestly completed the application.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

**JACKSON STATE UNIVERSITY  
COLLEGE OF PUBLIC SERVICE  
SCHOOL OF HEALTH SCIENCES**

**Doctor of Public Health Degree Program  
STATEMENT OF AUTHENTICITY**

**This statement must be signed and returned with your application packet.**

*I certify that I have answered all of the questions completely and truthfully. I understand that misrepresentations and false information given as part of my personal statement and/or supporting credentials and documents may be cause for cancellation of further consideration for admission to or continuation in the Doctor of Public Health Degree Program at Jackson State University. I also understand that all credentials and documents that I submit become the property of Jackson State University.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**JACKSON STATE UNIVERSITY  
COLLEGE OF PUBLIC SERVICE  
SCHOOL OF HEALTH SCIENCES**

**Checklist for Application to the Doctor of Public Health Degree Program**

Please check this list to make sure you have submitted the followings materials and send them directly to:

- The Division of Graduate Studies, Jackson State University, P.O. Box 17095, Jackson, MS 39217 **and**
- Doctor of Public Health Degree Program, School of Health Sciences, Jackson State University, Attn.: Chair, Admissions Committee, 350 W. Woodrow Wilson Ave., Suite 320, Jackson, MS 39213.

All application materials must be received by **March 1** to be considered for admission. Please return the checklist with notation indicating the materials enclosed.

*The Division of Graduate Studies*

*Doctor of Public Health Degree Program  
School of Health Sciences*

- Division of Graduate Studies Admission Application
- Statement of Purpose
- Official copy of undergraduate transcript(s)
- Official copy of graduate transcript(s)
- Official copy of GRE scores taken within the past five years
- Official copy of TOEFL scores (international applicants only)
- Division of Graduate Studies Financial Aid Application
- Out-of-State Application Fee of \$20.00
- Immunization Record showing proof of immunization compliance for measles and rubella, if born after December 1957

- Program Application for Admission
- Curriculum Vitae
- Statement of Purpose
- Copy of The Division of Graduate Studies Admission Application
- Official copy of undergraduate transcript(s)
- Official copy of graduate transcript(s)
- Copy of GRE scores
- Copy of TOEFL scores (international applicants only)
- Letters of recommendation (3)
- Statement of Authenticity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Matriculation into the Doctor of Public Health Degree Program requires **dual admission** to the Division of Graduate Studies and the School of Health Sciences. You should contact the Division of Graduate Studies at the above mailing address or at (601) 979-2455 to check the status of your application for admission to the Division of Graduate Studies. Inquiries regarding the Doctor of Public Health Degree Program should be directed to the program at the above address or at (601) 368-2052/2050 or (601) 979-1102.