

Master of Public Health Degree Program Application Packet



ADMISSION REQUIREMENTS

Applicants must apply to the Division of Graduate Studies and to the Master of Public Health Degree Program in the School of Public Health Initiative. Admission into the Program is on a selective basis, with preference given to applicants with a public health related degree, minimum GPA of 3.0 (on a 4.0 scale), and at least one or more years of public health or related experience.

- Must be admitted by the Division of Graduate Studies at Jackson State University
- A minimum GPA of 3.0 (on a 4.0 scale)
- Satisfactory performance on the Test of English as a Foreign Language (TOEFL) or the International English Language Standard Test (IELST) International Students Only
- Academic promise as evidenced by above average achievements in undergraduate and graduate studies
- Statement of purpose
- Three recommendation forms (two academic and one professional)
- Resumé
- Entrance interview (contingent upon initial assessment)

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

Jackson State University SCHOOL OF PUBLIC HEALTH INITIATIVE

Master of Public Health Degree Program

Application Information

IMPORTANT NOTICE

Acceptance into the Master of Public Health Degree Program requires dual admission to the Division of Graduate Studies and the School of Public Health Initiative. Applicants should contact the Division of Graduate Studies at the above mailing address or at (601) 979-2455 to check the status of their application for admission to the Division of Graduate Studies. Inquiries regarding the Master of Public Health Degree Program should be directed to the program at the address below or at (601) 979-8806.

This information is in addition to the on-line application for Graduate Studies at Jackson State University and must be submitted directly (original documents) to the Master of Public Health Program at the following address:

Jackson State University School of Public Health Initiative Master of Public Health Program Admission Coordinator 350 West Woodrow Wilson Drive, Suite 320 Jackson, MS 39213

APPLICATION DEADLINES

March 1 for Fall semester admission October 15 for Spring semester admission

Application Information

JACKSON STATE UNIVERSITY SCHOOL OF PUBLIC HEALTH INITIATIVE Master of Public Health Degree Program

Application for Admission

(All information must be typewritten)

Concentration (Check one)	, ,		,		
Behavioral Health Promotion	and Education	Biostatistics	☐ Epidemiolog	gy	
Environmental Health	Health Policy and M	Ianagement			
Personal Information					
Name (\square Dr., \square Ms., \square Mr.)	First	Middle	_Social Security	#	
Home Address			Date of Birth		
City/State/Zip					
E-mail Address			Fax_		
Country of Current Citizenship _					
Ethnic Group:			_ _	—	
minic Group.	_				
ist all Colleges and Universition	es Attended				
Name of Institution	Location	Attended	Year	Degree	Major
rame of institution	Docation	From - To	Graduated	Received	Major
					,
ist Names and Addresses of E	mployers, Dates of 1	Employment, ar	nd Position Titles	S	
NOTE: Please supplement the a	bove information wit	th a résumé. Also	, carefully review	the enclosed ch	ecklist to ensure
ou submit all required materials					
certify that the above informa	ution is correct. I ur	nderstand that a	dmission to the	Division of Gra	aduate Studies
ot imply acceptance in the MP					Table Studies
ignature			Date		
ignatule			Date		

JACKSON STATE UNIVERSITY SCHOOL OF PUBLIC HEALTH INITIATIVE

Master of Public Health Degree Program

PERSONAL STATEMENT

(All information must be typewritten)

Write a statement reflecting your philosophy of public health, and your personal, professional, and education goals. State how you believe the Master of Public Health Program in your proposed area of concentration will assist you to achieve your career goals. The statement should not exceed 1500 words, 12-point font size.				

Date

Signature

JACKSON STATE UNIVERSITY SCHOOL OF PUBIC HEALTH INITIATIVE

Master of Public Health Degree Program RECOMMENDATION FORM

Please complete the upper portion of this form and forward it to an individual who can evaluate your academic record and/or professional work.

SECTION I (To be complete	d by applicant)		
Name of Applicant:Las		Eins	M:JJI-
		First	Middle
Applicant's Concentration of	· _	Diagonistica DE	uidamiala
Behavioral Health Promoti	Health Policy and Mar		pidemiology
Name of Recommender:			
Position or Title of Recommen	nder:		
	re entitled to waive their i	right of access concer	guarantee students access to their educational rning recommendations. Please check and sign is recommendation.
☐ I waive my right of access	to this recommendation	I do not wa	nive my right of access to this recommendation
Signature	Date	Signature	Date
SECTION II (To be complet	ed by recommender)		
in the concentration indicated	above. We would appred e range of his/her abilities a	ciate your candid eva and accomplishments.	Ith Degree Program at Jackson State University aluation of the applicant's ability to undertake. The information given in this recommendation vaiver.
How long, and in what capacit	y have you known the app	plicant?	

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 include additional observations in a letter of recommendation. We greatly appreciate your response.

	O utstanding	<u>E</u> xcellent	<u>G</u> ood	<u>A</u> verage	<u>B</u> elow <u>A</u> verage	<u>U</u> nable to <u>A</u> ssess
Analytical Ability	0 🗆	E 🗌	G 🗆	A 🗌	ВА 🗌	UA 🗌
Oral Communication Skills	0 🗆	E	G 🗆	A 🗌	ВА 🗌	UA 🗌
Written Communication Skills	o 🗆	E 🗌	G 🗌	A 🗆	ВА 🗌	UA 🗌
Leadership	0 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Ability to be Self-Critical	0 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Interpersonal Skills	O 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Initiative	o 🗆	Е 🗌	G 🗆	A 🗌	ВА 🗌	UA 🗌
Reliability	0 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Ability to Work Independently	0 🗆	E 🗌	G 🗆	A 🗆	ВА 🗌	UA 🗌
In summary, what is your overall rating Highly Recommend Recommend If you indicated "recommend with res			Recom	mend with Ret	eservation	
Signature Name (type or print)	Date Institution Address		Title			

Please return the completed form to the applicant with your signature on the seal across the back of the envelope. The student should return to: Admission Coordinator, School of Public Health Initiative, 350 W. Woodrow Wilson Ave., Suite 320, Jackson, MS 39213

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

JACKSON STATE UNIVERSITY SCHOOL OF PUBLIC HEALTH INITIATIVE

Master of Public Health Degree Program RECOMMENDATION FORM

Please complete the upper portion of this form and forward it to an individual who can evaluate your academic record and/or professional work.

SECTION I (To be completed by	applicant)			
Name of Applicant:Last				
Last		First		Middle
Applicant's Concentration of Interes	st (Check one)			
Behavioral Health Promotion and	d Education	☐ Biostatistics	☐ Epidemiology	
☐ Environmental Health ☐ Health	alth Policy and N	Management		
Name of Recommender:				
Position or Title of Recommender:				
The Family Education Rights and Frecords. Students, however, are entitle following statement ONLY if you	tled to waive the	eir right of access	concerning recommend	ations. Please check and sigr
☐ I waive my right of access to th	is recommendati	ion I <u>do</u>	not waive my right of ac	cess to this recommendation
Signature	Date	Signatur	re	Date
SECTION II (To be completed by	recommender)			
The person named above is applying in the concentration indicated above rigorous master's study and the range will be considered confidential ONL	e. We would ap e of his/her abilit	preciate your can- ies and accomplish	did evaluation of the ap aments. The information	plicant's ability to undertake
How long, and in what capacity hav	e you known the	applicant?		

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 include additional observations in a letter of recommendation. We greatly appreciate your response.

	O utstanding	<u>E</u> xcellent	<u>G</u> ood	<u>A</u> verage	<u>B</u> elow <u>A</u> verage	<u>U</u> nable to <u>A</u> ssess
Analytical Ability	O 🗆	E 🗌	G 🗆	A 🗌	ВА 🗌	UA 🗌
Oral Communication Skills	0 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Written Communication Skills	o 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Leadership	0 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Ability to be Self-Critical	0 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Interpersonal Skills	O 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Initiative	o 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Reliability	O 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Ability to Work Independently	0 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Highly Recommend Recommend If you indicated "recommend with reso	ervation" or "do 1	not recommen	Do Not	mend with Ret Recommend		
Signature Name (type or print)	Date		Title			
	Address					

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JACKSON STATE UNIVERSITY SCHOOL OF PUBLI HEALTH INITIATIVE

Master of Public Health Degree Program RECOMMENDATION FORM

Please complete the upper portion of this form and forward it to an individual who can evaluate your academic record and/or professional work.

SECTION I (To be completed by applicant) Name of Applicant: ___ First Middle Applicant's Concentration of Interest (Check one) Behavioral Health Promotion and Education Biostatistics Epidemiology Environmental Health Health Policy and Management Name of Recommender: Position or Title of Recommender: The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning recommendations. Please check and sign the following statement ONLY if you wish to waive your right of access to this recommendation. I waive my right of access to this recommendation I do not waive my right of access to this recommendation Signature Signature Date Date **SECTION II (To be completed by recommender)** The person named above is applying for admission to the Master of Public Health Degree Program at Jackson State University in the concentration indicated above. We would appreciate your candid evaluation of the applicant's ability to undertake rigorous master's study and the range of his/her abilities and accomplishments. The information given in this recommendation will be considered confidential ONLY if the applicant has signed the above waiver. How long, and in what capacity have you known the applicant?

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 include additional observations in a letter of recommendation. We greatly appreciate your response.

	O utstanding	E xcellent	<u>G</u> ood	<u>A</u> verage	<u>B</u> elow <u>A</u> verage	<u>U</u> nable to <u>A</u> ssess
Analytical Ability	O 🗆	E 🗌	G 🗆	A 🗌	ВА 🗌	UA 🗌
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Ability to be Self-Critical	O 🗆	E 🗌	G 🗌	A 🗆	ВА 🗌	UA 🗌
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Initiative	o 🗆	E 🗆	G 🗌	A 🗆	ВА 🗌	UA 🗌
Reliability	O 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Ability to Work Independently	o 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
In summary, what is your overall ratin Highly Recommend Recommend If you indicated "recommend with reso			Recom Do Not	mend with Re Recommend		
Signature Name (type or print)	Date		Title			
, , , , , , , , , , , , , , , , , , ,	Address					

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JACKSON STATE UNIVERSITY SCHOOL OF PUBLIC HEALTH INITIATIVE

Master of Public Health Degree Program STATEMENT OF AUTHENTICITY

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

I certify that I have answered all of the questions commisrepresentations and false information given as part of credentials and documents may be cause for cancellation of continuation in the Master of Public Health Degree Progunderstand that all credentials and documents that I substitutiversity.	my personal statement and/or supporting further consideration for admission to or gram at Jackson State University. I also
Signature	Date

JACKSON STATE UNIVERSITY SCHOOL OF PUBLIC HEALTH INITIATIVE

Checklist for Application to the Master 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
- Master of Public Health Degree Program, School of Public Health Initiative, Jackson State University, Attn.: Admission Coordinator, 350 W. Woodrow Wilson Ave., Suite 320, Jackson, MS 39213.

All original application materials must be received by **March 1** to be considered for **Fall** admission and by **October 15** for **Spring** admission. All items in both Checklists must be completed. Only information on the Master of Public Health Degree Program Checklist must be enclosed and mailed to the Master of Public Health Degree Program shown above.

The Division of Graduate Studies Checklist	Master of Public Health Degree Program Checklis
Division of Graduate Studies Application for Admission Two official copies of all undergraduate transcript(s) Two official copies of all graduate transcript(s) Official copy of TOEFL scores (international applicants only) Out-of-State and International Application Fee of \$25.00	☐ Program Application for Admission ☐ Résumé ☐ Statement of Purpose ☐ Recommendation forms ☐ Statement of Authenticity
Signature	Date

IMPORTANT NOTICE

Matriculation into the Master of Public Health Degree Program requires dual admission to the Division of Graduate Studies and the School of Public Health Initiative. 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 Master of Public Health Degree Program should be directed to the program at the above address or at (601) 979-8806 (telephone) or (601) 979-8809 (fax).



CONTACT INFORMATION

JACKSON STATE UNIVERSITY
SCHOOL OF PUBLIC HEALTH INITIATIVE
MASTER OF PUBLIC HEALTH DEGREE PROGRAM
350 West Woodrow Wilson Drive, Suite 320
Jackson, MS 39213
Phone: (601) 979-8806