



School of Public Health Initiative

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## Master of Public Health Degree Program Application Packet



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2016-2018

## 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   
  Epidemiology  
 Environmental Health   
  Health Policy and Management

**Personal Information**

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

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

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax \_\_\_\_\_

Country of Current Citizenship \_\_\_\_\_ Gender:     Female     Male

Ethnic Group: \_\_\_\_\_

**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 MPH Degree Program of the School of Public Health Initiative.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.**

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Signature

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Date



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.

	<u>O</u> tstanding	<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 <input type="checkbox"/>	E <input type="checkbox"/>	G <input type="checkbox"/>	A <input type="checkbox"/>	BA <input type="checkbox"/>	UA <input type="checkbox"/>
Oral Communication Skills	O <input type="checkbox"/>	E <input type="checkbox"/>	G <input type="checkbox"/>	A <input type="checkbox"/>	BA <input type="checkbox"/>	UA <input type="checkbox"/>
Written Communication Skills	O <input type="checkbox"/>	E <input type="checkbox"/>	G <input type="checkbox"/>	A <input type="checkbox"/>	BA <input type="checkbox"/>	UA <input type="checkbox"/>
Leadership	O <input type="checkbox"/>	E <input type="checkbox"/>	G <input type="checkbox"/>	A <input type="checkbox"/>	BA <input type="checkbox"/>	UA <input type="checkbox"/>
Ability to be Self-Critical	O <input type="checkbox"/>	E <input type="checkbox"/>	G <input type="checkbox"/>	A <input type="checkbox"/>	BA <input type="checkbox"/>	UA <input type="checkbox"/>
Interpersonal Skills	O <input type="checkbox"/>	E <input type="checkbox"/>	G <input type="checkbox"/>	A <input type="checkbox"/>	BA <input type="checkbox"/>	UA <input type="checkbox"/>
Initiative	O <input type="checkbox"/>	E <input type="checkbox"/>	G <input type="checkbox"/>	A <input type="checkbox"/>	BA <input type="checkbox"/>	UA <input type="checkbox"/>
Reliability	O <input type="checkbox"/>	E <input type="checkbox"/>	G <input type="checkbox"/>	A <input type="checkbox"/>	BA <input type="checkbox"/>	UA <input type="checkbox"/>
Ability to Work Independently	O <input type="checkbox"/>	E <input type="checkbox"/>	G <input type="checkbox"/>	A <input type="checkbox"/>	BA <input type="checkbox"/>	UA <input type="checkbox"/>

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

- Highly Recommend  
 Recommend

- Recommend with Reservation  
 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. 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.*





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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Institution

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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 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 Master 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.*

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Signature

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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*

- 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

*Master of Public Health Degree Program Checklist*

- Program Application for Admission**
  - Résumé
  - Statement of Purpose
  - Recommendation forms
  - Statement of Authenticity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**IMPORTANT NOTICE**

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## **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