

## 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. 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

### 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. 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
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 Master of Public Health Degree Program

#### **Application for Admission**

(All information must be typewritten)

Concentration (Check one)	, ,		,		
Behavioral Health Promotion	☐ Epidemiology				
☐ Environmental Health ☐ ☐	Health Policy and M	lanagement			
Personal Information					
Name $(\Box Dr., \Box Ms., \Box Mr.)$ Last	First	Middle	_Social Security	# <u></u>	
			Date of Birth		
City/State/Zip			Telephone		
E-mail Address			Fax		
Country of Current Citizenship			<del>-</del>		
Ethnic Group:					
Ethnic Group.	_				
List all Colleges and Universitie	es Attended				
Name of Institution	Location	Attended	Year	Dogwoo	Maian
Name of Institution	Location	Attended From – To	Graduated	Degree Received	Major
List Names and Addresses of En	mployers, Dates of 1	Employment, an	nd Position Titles	<u> </u>	
*NOTE: Please supplement the al					<u>ecklist</u> to ensure th
you submit all required materials,	, including the Divisi	ion of Graauate S	Stuaies applicano	n ana jees.	
I certify that the above informa not imply acceptance in the MP				Division of Gra	aduate Studies do

#### **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

#### 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 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 Date Signature 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.

	<b>O</b> utstanding	<b>E</b> 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 🗌	<b>G</b> 🗆	A 🗌	ВА 🗌	UA 🗌
Oral Communication Skills	0 🗆	<b>E</b> 🗌	G 🗆	A 🗆	ВА 🗌	UA 🗌
Written Communication Skills	o 🗆	E 🗆	G 🗌	A 🗌	ВА	UA 🗌
Leadership	o 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Ability to be Self-Critical	0 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Interpersonal Skills	0 🗆	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 🗌	<b>G</b> 🗆	A 🗌	ВА 🗌	UA 🗌
Highly Recommend Recommend  If you indicated "recommend with res	ervation" or "do i	not recommen	Do Not	mend with Ret Recommend		
Signature  Name (type or print)	Date		Title			
	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, 350 W. Woodrow Wilson Ave., Suite 320, Jackson, MS 39213

Jackson State University's School of Public Health 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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SECTION I (To be comp	leted by applicant)			
Name of Applicant:	Last	First		Middle
Applicant's Concentration				
Behavioral Health Pron	notion and Education	☐ Biostatistics	☐ Epidemiology	
Environmental Health	Health Policy and	Management		
Name of Recommender:				
Position or Title of Recom	mender:			
	r, are entitled to waive the NLY if you wish to waive	heir right of access e your right of acce	concerning recommendates to this recommendate	nts access to their educational dations. Please check and signon.
Signature	Date	Signatu	re	Date
SECTION II (To be comp	pleted by recommender	•)		
in the concentration indica	ted above. We would a the range of his/her abil	ppreciate your can ities and accomplis	did evaluation of the a hments. The information	ram at Jackson State University pplicant's ability to undertaken given in this recommendation
How long, and in what cap	acity have you known th	e 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.

	<b>O</b> 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
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Ability to Work Independently	o 🗆	E 🗌	G 🗌	A 🗌	ВА 🗌	UA 🗌
Highly Recommend Recommend  If you indicated "recommend with reso	ervation" or "do ı	not recommen	Do Not	mend with Re Recommend blain.		
Signature	Date		Title			
Name (type or print)	Institution					
	Address					

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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.

	<b>Outstanding</b>	<b>E</b> 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
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Ability to Work Independently	0 🗆	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  Institution		Title			
	Address					

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# 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 of	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	n of further consideration for admission to or
continuation in the Master of Public Health Degree I	Program at Jackson State University. I also
understand that all credentials and documents that I s	ubmit become the property of Jackson State
University.	
Signature	Date

#### 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, 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

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#### **CONTACT INFORMATION**

JACKSON STATE UNIVERSITY
SCHOOL OF PUBLIC HEALTH
MASTER OF PUBLIC HEALTH DEGREE
PROGRAM 350 West Woodrow Wilson Drive, Suite
320

Jackson, MS 39213 Phone: (601) 979-8806