
Master of Public Health Degree Program Application Packet



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. 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 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.

Signature

Date

**JACKSON STATE UNIVERSITY
SCHOOL OF PUBLIC HEALTH**

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.**

Signature

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"/>
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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"/>
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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.

Signature

Date

Title

Name (type or print)

Institution

Address

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**JACKSON STATE UNIVERSITY
SCHOOL OF PUBLIC HEALTH**

**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 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 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.

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**JACKSON STATE UNIVERSITY
SCHOOL OF PUBLIC HEALTH**

**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.

Signature

Date

**JACKSON STATE UNIVERSITY
SCHOOL OF PUBLIC HEALTH**

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

- 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

IMPORTANT NOTICE

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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