



JACKSON  
STATE  
UNIVERSITY  
SCHOOL OF  
PUBLIC  
HEALTH

Doctor of Public Health  
Degree Program Application Packet



Public Health Program

All statements in this application packet are subject to change at any time by proper authority without prior notice.

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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 Public Health. 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 Test of English as a Foreign Language (TOEFL) or the International English Language Standard Test (IELST) - International Applicants Only
- Statement of purpose
- Curriculum vitae
- Three letters of recommendation (one professional and two academic references)
- 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  
School of Public Health**

**Doctor of Public Health  
Degree Program**

**Application Information**

**IMPORTANT NOTICE**

Acceptance into the Doctor 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 Doctor 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 to the Doctor of Public Health Program at the following address:

**Jackson State University**

**School of Public Health**

**Doctor of Public Health Program Admission Coordinator  
350 West Woodrow Wilson Drive, Suite 320  
Jackson, MS 39213**

**APPLICATION DEADLINE**

**March 1** for Fall semester admission.

**JACKSON STATE UNIVERSITY  
SCHOOL OF PUBLIC HEALTH**

**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 # \_\_\_\_\_  
Last First Middle

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

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

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

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

**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 curriculum vitae/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 Public Health.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**JACKSON STATE UNIVERSITY  
SCHOOL OF PUBLIC HEALTH**

**Doctor of Public Health Degree Program**

**STATEMENT OF PURPOSE (Career Goals Essay)**

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 career goals. **The statement should be concise and no longer than 2-3 pages.**

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Signature

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Date

**JACKSON STATE UNIVERSITY  
SCHOOL OF PUBLIC HEALTH**

**Doctor 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. Please attach a separate letter of recommendation on letterhead.

**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     Epidemiology     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 Doctor 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 doctoral 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 and have similar education and levels of professional experience. You may include additional observations in your letter of recommendation. We greatly appreciate your response. Please attach a separate letter of recommendation on letterhead.

	<u>O</u> 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 <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 doctoral 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.**

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Signature Date

\_\_\_\_\_  
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Address

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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

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Institution

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**JACKSON STATE UNIVERSITY  
SCHOOL OF PUBLIC HEALTH**

**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  
SCHOOL OF PUBLIC HEALTH**

**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 Public Health, 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*

- Division of Graduate Studies Admission Application
- Two Official Transcripts from all colleges/universities attended
- Division of Graduate Studies Financial Aid Application
- Out-of-State and International Application Fee of \$25.00
- Proof of immunization against measles and rubella
- TOEFL Score (for international applicants who native language is not English) and/or IELs
- Statement of Financial Support to be sent to the Division of International Studies (for international applicants)

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

- Program Application for Admission:
  - Curriculum Vitae
  - Statement of Purpose
  - Recommendation forms **and** letters (3)
  - Statement of Authenticity
- Copy of GRE scores (taken within the past five years)

\_\_\_\_\_  
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 Public Health. 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) 979-8806.



## **CONTACT INFORMATION**

JACKSON STATE UNIVERSITY  
SCHOOL OF PUBLIC HEALTH  
350 West Woodrow Wilson Avenue, Suite 320  
Jackson, MS 39213-7681  
Jackson, MS 39213  
Phone: (601) 979-8806