

# Letter of Intent Form

Master of Public Health (MPH)

## Candidate Identification

FIRST NAME

LAST NAME

STUDENT NUMBER (IF APPLICABLE)

## Education Background

UNDERGRADUATE DEGREE

YEAR COMPLETED

INSTITUTION

UNDERGRADUATE DEGREE

YEAR COMPLETED

INSTITUTION

GRADUATE OR PROFESSIONAL DEGREE (IF APPLICABLE)

YEAR COMPLETED

INSTITUTION

GRADUATE OR PROFESSIONAL DEGREE (IF APPLICABLE)

YEAR COMPLETED

INSTITUTION

## Prerequisites

STATISTICS COURSE COMPLETED (TITLE)

GRADE ACHIEVED

INSTITUTION

STATISTICS COURSE COMPLETED (TITLE)

GRADE ACHIEVED

INSTITUTION

- ☐ I currently do not have the undergraduate statistics or equivalent prerequisites. I intend to attend the SEPH Summer Institute to accomplish this requirement. I recognize that failure to successfully meet these requirements by the start of the first term may result in offer of admission being revoked.

## Referees

NAME OF REFEREE

CONTEXT IN WHICH YOU HAVE WORKED TOGETHER

NAME OF REFEREE

CONTEXT IN WHICH YOU HAVE WORKED TOGETHER

CONTINUE TO THE NEXT PAGE

**Reason for Interest in the MPH Program** (Maximum 200 words)

**How Has Your Previous Experience Prepared You for the MPH Program** (Maximum 200 words)

**To Help Us With Our Planning**

**Please indicate the two areas of concentration in the MPH program in which you are most interested.**

☐ Public health practice   ☐ Global health   ☐ Public health policy   ☐ Population health risk assessment

**Please indicate if the MPH+ option is of interest.**

☐ Yes   ☐ No