

# Letter of Intent Form

Master of Public Health (MPH)

## Candidate Identification

FIRST NAME

LAST NAME

STUDENT NUMBER (IF APPLICABLE)

## Applicant Type

Please indicate if you are:

**A recent graduate** (an applicant who completed their undergraduate studies within the last 2 years)

**Early career** (an applicant who completed their undergraduate studies 2-5 years ago)

**Mid career** (an applicant who completed their undergraduate studies 6-10 years ago)

**Late career** (an applicant who completed their undergraduate studies more than 11 years ago)

**I am an allied health professional** (e.g. nurse, physician, dentist, physiotherapist, etc.)

No

Yes

## Education Background

UNDERGRADUATE DEGREE(S)

YEAR COMPLETED (YYYY)

INSTITUTION

UNDERGRADUATE DEGREE(S)

YEAR COMPLETED (YYYY)

INSTITUTION

GRADUATE OR PROFESSIONAL DEGREE(S) (IF APPLICABLE)

YEAR COMPLETED (YYYY)

INSTITUTION

## Prerequisites

STATISTICS COURSE(S) COMPLETED (TITLE)

GRADE ACHIEVED

INSTITUTION

YEAR COMPLETED (YYYY)

PLEASE COPY THE OFFICAL COURSE CALENDAR DESCRIPTION FROM THE INSTITUTION WEB SITE OR ATTACH TO THIS FORM

STATISTICS COURSE(S) COMPLETED (TITLE)

GRADE ACHIEVED

INSTITUTION

YEAR COMPLETED (YYYY)

PLEASE COPY THE OFFICAL COURSE CALENDAR DESCRIPTION FROM THE INSTITUTION WEB SITE OR ATTACH TO THIS FORM

- ☐ I currently do not have the undergraduate Statistics and Epidemiology/Research Methods/Study Design 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

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

**What public health related experience do you have (work, volunteer and research experience)?** (Max 200 words)

### To Help Us With Our Planning

**Please indicate the ONE area 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. If so, please indicate the language of study.**

☐ Yes    ☐ No    Language:

**I am interested in applying for focused admission as an eligible First Nation, Inuit or Métis person.**