



Tulane University is an Affirmative Action/Equal Opportunity Employment institution, and consequently its policy of nondiscrimination includes recruitment, employment, retention, and promotion of the most qualified students, faculty, and staff, regardless of race, sex, color, religion, national/ethnic origin, age, handicap, or veteran's status. Inquiries concerning this policy should be referred to the Affirmative Action Office of the university.

**APPLICATION FOR:**

Fall     Spring     Summer    Year \_\_\_\_\_

Applications to the undergraduate bachelor of science in public health degree must be submitted directly to the Office of Undergraduate Admissions and follow their application process. Call 1.800.873.9283 for more information.

**IDENTIFICATION INFORMATION**

U.S. Social Security Number

Name

LAST

FIRST

JR., III, etc. Include all professional titles

Present Address

NUMBER AND STREET

APT. NO.

Address effective until

CITY

STATE

ZIP CODE

Present Telephone

Business Telephone

Permanent Telephone

E-mail

Fax Number

Permanent Address

NUMBER AND STREET

APT. NO.

CITY

STATE

ZIP CODE

COUNTRY, if other than U.S.

In Case of Emergency, Contact:

Address

Telephone

E-mail

**BIOGRAPHIC/DEMOGRAPHIC INFORMATION**

(ALL applicants must fill in birth date for immunization information. Other bio/demo information is optional for U.S. Citizens **ONLY**. Foreign nationals must provide the information for visa clearance.)

Biographic/demographic information is used by the school for statistical purposes only. This information is voluntary, and will be used in a non-discriminatory manner, consistent with applicable civil rights laws.

U.S. Citizen:    Yes    No

Birthday (Month, Day, Year)   /   /

Sex:    Male    Female

Country (If other than U.S.)

Place of Birth

CITY

STATE

COUNTRY

**Fluency in English is required.** If English is not your native language, a TOEFL score is required.

Date taken:   /   /

Check one of the boxes for ethnic origin:

African/American, Non-Hispanic

Native American/Alaskan Native

Asian or Pacific Islander

Hispanic/Latino/-a

Caucasian/Euro-American/White

Other

## EDUCATION

Admission to Tulane requires that you provide official transcripts from all schools attended. List below those schools you have previously attended and those you are currently attending. List the most recent school first.

Name of College (include location or branch and major field. Include Tulane if necessary.)	Dates (Month/Year)		Degrees Pursued	Earned Credit-Hours	Degrees Earned Y/N	Grade Pt. Avg./Scale
	From	To				

Please list all honors, prizes, scholarships or fellowships received on an attached sheet.

### Please indicate the program in which you wish to enroll:

- |   |  |
|---|--|
| <input type="checkbox"/> MPH (master of public health)  | <input type="checkbox"/> ScD (doctor of science)                     |
| <input type="checkbox"/> MSPH (master of science in public health)                                  | <input type="checkbox"/> MMM (master of medical management)          |
| <input type="checkbox"/> MSc (master of science)  | <input type="checkbox"/> Tropical Medicine Diploma Course            |
| <input type="checkbox"/> MHA (master of health administration)                                      | <input type="checkbox"/> Joint Degree (Please specify _____)         |
| <input type="checkbox"/> MPH&TM (master of public health & tropical medicine)                       | <input type="checkbox"/> Distance Learning (Please specify _____)    |
| <input type="checkbox"/> Master's International Peace Corps Program (in addition to degree program) | <input type="checkbox"/> Special Program (Please specify _____)      |
| <input type="checkbox"/> PhD (doctor of philosophy)   | <input type="checkbox"/> Special Student (please list courses) _____ |
| <input type="checkbox"/> DrPH (doctor of public health medicine)                                    | <input type="checkbox"/> General Preventive Medicine Residency _____ |

Indicate your preferences of specialization within the degree program: \_\_\_\_\_

### Please indicate the department to which you are applying:

- |  |   |
|--|---|
| <input type="checkbox"/> Biostatistics                 | <input type="checkbox"/> Health Systems Management            |
| <input type="checkbox"/> Community Health Sciences     | <input type="checkbox"/> International Health and Development |
| <input type="checkbox"/> Epidemiology                  | <input type="checkbox"/> Tropical Medicine                    |
| <input type="checkbox"/> Environmental Health Sciences |   |

## CAREER STATEMENT

Please attach a 500 to 1000 word description of your career plans to your application. You may also include a resume.

## TEST SCORES

Please send official test scores to the Office of Admissions. All applicants (with the exception of medical doctors) must submit GRE or MCAT scores. TOEFL scores are required for all international applicants. All test scores must be submitted within two years of the test date.

## FINANCIAL AID

If you would like to have financial aid information sent to you, please contact the Health Sciences Center Office of Financial Aid at 504.988.6135. Please note that federal financial aid is not available to international scholars. All international students must include adequate financial support documentation and/or sponsorship information. Please state sponsoring agency, if any. Provide contact person, address, and telephone number.

## REFERENCES

Each applicant must provide references from three professional persons with whom he or she is personally acquainted. Letters on official letterhead are preferred. With your application, please send all three recommendation letters in sealed envelopes with the signature of the recommender on the seal of the envelope. A composite reference, if available from faculty members at your undergraduate institution, may be substituted for three separate references.

My signature below indicates that all the information contained in my application is factually correct and honestly presented.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Send application with \$40 non-refundable fee payable to Tulane University

Office of Admissions  
School of Public Health and Tropical Medicine  
Tulane University Health Sciences Center  
1440 Canal Street, Suite 2460-SL29, New Orleans, LA 70112-2703  
(504) 988.5388 (800) 676.5389 Fax (504) 988.0907  
E-mail: sphtm@tulane.edu

If you do not hear from the Office of Admissions and Student Affairs within 30 days, please check to see if your file is complete.

### Application Checklist

- Did you include the \$40 check, made out to Tulane University?
- Did you include your career statement?
- Have you had your official test scores sent directly to the School of Public Health?
- Did you sign the application?
- Are three signed and sealed letters of recommendation enclosed?
- Are your official, signed and sealed transcripts enclosed?