



**San Francisco State University
Department of Health Education**

1600 Holloway Ave, HSS 326
San Francisco, CA 94132-4161
Tel: 415-338-1413
Fax: 415-338-0570
Email: hedmph@sfsu.edu
Website: <http://healthed.sfsu.edu>

**Master of Public Health in Community Health Education
Application for Admission**

****Type directly onto the form and attach additional typed sheets as necessary**
Application must be typed. No handwritten applications will be accepted**

General Information:

Preferred Name Last, First, Middle: _____

Legal Name Last, First, Middle: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Student Applicant ID #: _____

Other than English, in which language(s) are you fluent?
(Identify, Speak, Read, Write): _____

Current Gender Identity: _____ Preferred Gender Pronoun/s: _____

Date of Birth: _____ Ethnicity(ies): _____

Academic Background:

Submit copies of unofficial transcripts and GRE scores as well as complete the following:

Undergrad Degree/Major/Year:		GRE Verbal Reasoning Score:	
Institution:		GRE Quantitative Reasoning Score:	
Undergraduate GPA:		GRE Analytical Writing Score:	

If Undergraduate GPA is less than 3.0, GPA of last 60 semester or 90 quarter college units attempted:

List all colleges and universities attended, and any degrees or certifications earned, with the most recent first (continue on separate typed sheet if necessary):

School and Location	Dates of Attendance	Major	Degree or Certification and Date Awarded

List any conference presentations, publications, notable projects, and awards related to your academic or professional experience (continue on separate typed sheet if necessary):

List the details of how you have met the prerequisites of academic courses in cultural, ethnic, or social diversity (CESD)/ composition / social science / and statistics or calculus:

Prerequisite	Course Name	Date Completed	Grade
CESD*:			
Composition:			
Social Science:			
Statistics or Calculus**:			

**A detailed explanation of CESD courses is provided in the [course requirements PDF](#) attached to our departmental website.*

***The statistics/calculus course must have been completed with a grade of B- or higher, and within six years of application year (in 2010 or more recently). If this is not the case for an applicant, the application will still be reviewed, and if the applicant is recommended for admission, a condition of admission will be a refresher statistics course completed with a grade of B- or higher before fall 2017 MPH program commencement.*

Professional Experience:

1. Include your most recent resume or CV with this application.
2. In addition to including your resume or CV, in the chart below, beginning with your most recent position, list and provide a description of each of your post-high school health-related work experiences, paid or unpaid, part or full time.

PLEASE REPORT HERE TOTAL NUMBER OF HEALTH-RELATED WORK HOURS FROM CHART BELOW:

Date		# work hrs/week	Total # Hours Worked	Job Title & Employer	Paid Position?
From	To				

Description of Duties

Date		# work hrs/week	Total # Hours Worked	Job Title & Employer	Paid Position?
From	To				

Description of Duties

Date		# work hrs/week	Total # Hours Worked	Job Title & Employer	Paid Position?
From	To				

Description of Duties

Continue on the following page if necessary.

Please remember to tally your total health-related work hours and include that total in the space provided at the top of the chart.

Date		# work hrs/week	Total # Hours Worked	Job Title & Employer	Paid Position?
From	To				
Description of Duties					

Date		# work hrs/week	Total # Hours Worked	Job Title & Employer	Paid Position?
From	To				
Description of Duties					

Date		# work hrs/week	Total # Hours Worked	Job Title & Employer	Paid Position?
From	To				
Description of Duties					

Date		# work hrs/week	Total # Hours Worked	Job Title & Employer	Paid Position?
From	To				
Description of Duties					

Attach additional typed sheet if necessary.

Please remember to tally your total health-related work hours and include that total in the space provided at the top of the chart.

Reference Providers:

List below three academic and/or professional reference providers who can address your academic and professional promise. Your three reference providers must complete their written references using the **Reference Form** (preferred method) available on our departmental website, or use a formal university reference letter service.

If using the preferred method of the Reference Forms, enclose the three completed, sealed Reference Forms with your other departmental application materials, and submit all materials to our Department of Health Education together in one large envelope.

1. Name:

Address:

Title:

Professional/Academic Relationship to Applicant:

2. Name:

Address:

Title:

Professional/Academic Relationship to Applicant:

3. Name:

Address:

Title:

Professional/Academic Relationship to Applicant:

Statement of Purpose:

In a typed essay of no more than two double-spaced pages (no handwritten essays, please), address the following (do not answer the questions separately; integrate your answers into a single, polished essay):

1. How is the SF State MPH Program in Community Health Education with its mission to promote individual and community health, health equity, and social justice the right fit for your interests and career goals?
2. How have your academic and professional experiences prepared you to excel in the SF State MPH Program and to contribute to the MPH student and faculty community?

Include the following with this completed application:

- Unofficial copy of your transcripts
- Unofficial copy of your standardized test scores
- Your resume or CV
- Three completed and sealed Reference Forms (Use of formal university letter service also acceptable)
- Statement of Purpose essay
- Any additional sheets necessary to complete the application sections
- Your signed Program Requirements Contract
- Your completed Application Checklist

****For March 1, 2017 Priority Deadline consideration:** (1) Division of Graduate Studies application process must be completed: <http://grad.sfsu.edu/>, and (2) all departmental application materials must be postmarked or hand-delivered to our SFSU Dept. of Health Education by **March 1, 2017.****

****Applications will be accepted between March 2 and May 31, 2017 on a space available basis only.****

****Incomplete applications will not be reviewed.****

Mail or hand-deliver all required departmental MPH application materials to:

**Master of Public Health Program in Community Health Education
Department of Health Education, HSS 326
San Francisco State University
1600 Holloway Avenue
San Francisco, CA 94132-4161**

Website: <http://healthed.sfsu.edu>
Email: hedmph@sfsu.edu
Phone: 415-338-1413
Fax: 415-338-0570

This application is not complete until the following is read, signed, and dated. Please sign and date in ink a printed copy of the completed application.

I certify that all the information included to complete my application materials is true and correct. If admitted to the SF State MPH program, I understand that any falsification of information associated with any of my submitted application materials may be cause for non-admittance.

Type Preferred Name: _____ Signature: _____ Date: _____