



**C. Current Educational Data:**

1. I am currently enrolled in college or university classes or am pursuing a degree program at \_\_\_\_\_  
*Name & location of the Institution*

\_\_\_\_\_  
*major & degree program if any,                      dates of attendance                      Cum GPA (4 pt scale)                      hours earned*

2. If you're enrolled in a UI program, do you wish to remain in your current program?    yes                      no

3. Have you ever applied to, or are you in the process of applying to, any other degree program in the UI College of Public Health?    yes                      no

If yes, which program? \_\_\_\_\_

**D. Statement in Determination of Residency**

1. Do you consider yourself a resident of the state of Iowa?    yes                      no

2. If you reside in Iowa, in which month & year did this present residency begin? \_\_\_\_\_

3. Please give a chronological account of your major activities (including summers) for the three years immediately preceding your proposed enrollment at the University.

from (mo/yr) to (mo/yr)	activity (i.e. work, school, military)	location (city/state)

**V. Certification:**

I certify that all information (including my Social Security number) contained in this application is factually correct and complete. I understand that the misrepresentation or omission of any information including enrollment in other colleges or universities is sufficient grounds for canceling my admission or registration. My signature authorizes the Social Security Administration to release my Social Security Number to the University.

**Signature:** \_\_\_\_\_

**VI. Please return this completed form with:**

- Transcripts
- Statement of Purpose (1-2 page writing sample describing your interest in the certificate program, career goals, and motivation for entering the program)
- Résumé or Curriculum Vitae

To complete your application, 2 reference letters are required (one from a public health practitioner & one from an academic reference are preferable.). They may be mailed under separate cover from the referrer.

<b>Mail to:</b>	The University of Iowa College of Public Health Public Health Certificate Program Coordinator 200 Hawkins Drive, E172 General Hospital Iowa City, IA 52242	<b>Deadline:</b>	March 15 for summer session July 15 for fall semester December 1 for spring semester
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**Questions?** Call us at 319 384-5469 or toll free at 1-800-553-4692, ext 4-5469

The University of Iowa prohibits discrimination in employment and in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA in the Office of Affirmative Action, (319) 335-0705 (voice) and (319) 335-0697 (text), 202 Jessup Hall, The University of Iowa, Iowa City, Iowa 52242-1316.