# The University of Iowa College of Public Health Public Health Certificate Program Application Form

#### A. Personal data:

1.	Name								
	Family (last)		First			Middle			
2.	Maiden name			Should	I this name b	e included on yo	ur University records?	yes	no
3.	Social Security Number:			4 Gender:	Female	Male	5. Birth date:		
								mo/da	y/yr
6.	Mailing address								
0.		street	city		state/country		ZIP	county, if Iowa	
7.					8				
	day telephone #	evening/	week-end	telephone #		E-mail address			
9.	UI campus address if any			10. Birth place					
	UI campus address if any				city/state/c	ountry			
11	. Country of citizenship	USA Other (Sp	ecify)						
12	2. If you are not a US citize	n, are vou a perman	ent resider	nt of the US?	ves	no			
					,				
13	<ol> <li>If yes, print your Alien reg</li> </ol>	gistration number							
14	. If you are a nonimmigrant visa holder, indicate the type of visa you			of visa you hold:	stude	ent (F-1);	exchange visitor (J-1);		
	dependent of student (I	F-2); dependent	of exchar	ige visitor (J-2)	other:				
15	Ethnicity for US citizens	only (ontional):	Alaska N	ative or American	Indian	African Americ	an, not of Hispanic orig	ain	
10	Ethnicity for US citizens only <i>(optional):</i> Alaska Native of Hispanic/Latino White, not of Hispanic origin Asia			Asian or Pacific I			an, not of thispanic on	•	
	r iispariic/Latirio Wii	ite, not of riispanic c	ingin	Asian of Facilie	Sidiluei				
16	<ol><li>Semester &amp; year desired</li></ol>	of entrance:		17. Lis	st any Public	Health Members	hips or affiliations		

## **B. Educational Data:**

Name & location of Institution	Degree earned	Dates of attendance	Date of degree conferral	Cum GPA	Major
Name & location of Institution	Degree earned	Dates of attendance	Date of degree conferral	Cum GPA	Major
Name & location of Institution	Degree earned	Dates of attendance	Date of degree conferral	Cum GPA	Major
& location of Institution	Degree earned	Dates of attendance	Date of degree conferral	Cum GPA	Major

University are not routinely provided this information except for directory information such as name and local address. Responses to all items are required unless indicated otherwise.

## 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 lowa? yes

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.

Mail to: The University of Iowa Deadline: College of Public Health Public Health Certificate Program Coordinator 200 Hawkins Drive, E172 General Hospital Iowa City, IA 52242 March 15 for summer session July 15 for fall semester December 1 for spring semester

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.

no