



SCHOOL OF PUBLIC HEALTH

UNIVERSITY OF MICHIGAN

ADMISSIONS

1415 Washington Heights • Suite 1700 • Ann Arbor, MI 48109-2029
 E-Mail: sph.inquiries@umich.edu • <http://sph.umich.edu> • 734-763-3860

3+1+1 Application

Eligible Applicants

Applicants who seek to apply to the School of Public Health 3+1+1 program in Environmental Health Sciences should submit this application. This application is only for the Non-Candidate for Degree portion of the 3+1+1 program. Candidates will need to submit application materials to Rackham Graduate School for the MS portion at a later date.

A \$75 application fee required. Please use the appropriate link to make your payment.

Please enter "3+1+1" in the SOPHAS ID field so we can correctly match your payment with your application.

Domestic students (US Citizens & Permanent Residents):
<http://www.sph.umich.edu/sophas/PaymentDomestic.htm>

International Students:
<http://www.sph.umich.edu/sophas/PaymentInternational.htm>

Application Deadline

Applications will be accepted until January 15th, 2019

Complete Application Checklist

- Completed Application (sent to sph.inquiries@umich.edu)
- Statement of Interest and Qualifications: see #18 (sent to sph.inquiries@umich.edu)
- Official Transcript(s) submitted directly from previous institution, or Official World Education Services (WES) transcript for international students
- Current resume (sent to sph.inquiries@umich.edu)
- 2 letters of recommendation (sent directly to sph.inquiries@umich.edu)
- Official TOEFL score for International Applicants- See website for details (<https://sph.umich.edu/admissions-aid/international-applicants.html>)

Applicant Data

1. (a) U-M ID (If Applicable): _____ (b) U-M Uniqname: _____@umich.edu (c) Birthdate (mm/dd/yy) _____

2. Full Legal Name (International applicants, please enter your full legal name as it appears on your passport):

Family Name/Surname

First/Given Name

Middle

3. Current E-mail Address: _____

4. Citizenship: U.S. Citizen

U.S. Permanent Resident Per. Res. Req. No.: A _____

Non-U.S. Citizen Country of Citizenship: _____ Visa: _____

5. For U.S. Citizens and Permanent Residents only: Race/Ethnicity (Optional)

The information requested below is optional and will not be used for admissions purposes. It will be used to satisfy federal reporting requirements and may be used for other purposes allowed by law.

Please indicate whether you consider yourself to be Hispanic or Latino.

Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

No, not Hispanic or Latino.

In addition, select one or more of the following racial categories to describe yourself:

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: a person having origins in any black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

6. U.S. Military service (if applicable)

Indicate your anticipated status at the time you enroll:

On active duty U.S. military Yes No

Veteran of U.S. armed forces Yes No

U.S. Reserves or National Guard Yes No

U.S. Military Dependent Yes No

7. Current Mailing and E-mail Address: _____@_____

Use the Student Center, through Wolverine Access, to update your address, phone, and email information. F1 and J1 Visa holders residing in the U.S. must provide a current street address, not a P.O. Box and are required to provide a non-U.S permanent address online.

Check this box to certify that your address, phone, and e-mail information are current

Educational and Professional History

8. List in chronological order all colleges, graduate and professional schools attended. If studies are not complete, indicate degree and date expected. You must complete this section even if a resume or CV is enclosed.

Institution _____ Location city/state/country _____

Entrance date month/year _____ Leaving date month/year _____ Degree received or expected _____

Grade point average _____ Field of concentration _____

Institution _____ Location city/state/country _____

Entrance date month/year _____ Leaving date month/year _____ Degree received or expected _____

Grade point average _____ Field of concentration _____

Institution _____ Location city/state/country _____

Entrance date month/year _____ Leaving date month/year _____ Degree received or expected _____

Grade point average _____ Field of concentration _____

9. If applicable, list courses which you are currently taking or expect to complete during this year.

10. Major academic recognition, honors and memberships including honor societies. Please list and give dates

11. List all work experience, beginning with the most recent, including full-time and part-time.

Attach additional sheet if necessary. You must complete this section even if a resume or CV is enclosed.

From Month/Year _____ To Month/Year _____ Position _____ Supervisor _____

Employer and Full Address _____

From Month/Year _____ To Month/Year _____ Position _____ Supervisor _____

Employer and Full Address _____

From Month/Year _____ To Month/Year _____ Position _____ Supervisor _____

Employer and Full Address _____

12. If applicable, indicate the health profession(s) and state(s) in the United States in which you are certified, registered, or licensed to practice:

13. List the major previous scholarships and fellowships you have held both as a graduate and as an undergraduate student. Be sure to include any fellowships awarded in open competition (such as NSF Graduate Fellowship, Mellon Fellowship, Graduate Engineering for Minorities Fellowship, or others). List the most recent first.

Award

Title

Institution

Dates of Academic Year

14. List significant activities in which you participated as an undergraduate, most recent first.

15. I certify that all information in this application is true and complete. I understand that the University of Michigan may verify any information I have provided. Falsification or omission of information and credentials may result in the withdrawal of my application or in the revocation of admission, financial award, or registration. I understand that all credentials I submit become the property of the University of Michigan. I have also read and signed the Admissions Conduct Code form.

Signature _____ Print Name _____ Date _____

References and Statements

16. Please provide names, complete addresses, and phone numbers of TWO academic or professional persons from whom you have requested a recommendation. You must complete this section even if a resume or CV is enclosed.

1 Name _____ Address _____ Phone _____
2 Name _____ Address _____ Phone _____

17. Statement of Interest and Qualifications:

Explain what you hope to gain from majoring in Public Health. Explain how your academic and extracurricular experiences have prepared you for the public health major. Limit to 500 words.

Additional Information (optional)

If necessary, please explain any unusual patterns or anomalies in your academic or professional record (for example, gaps in work or education, or a poor semester performance). You may also address any missing admission requirements and when you plan to take them. Limit to 100 words.

Languages

18. What is your native language? _____ Undergraduate Institution _____

Date of TOEFL/IELTS/MELAB test ____/____/____

List scores below:

Total TOEFL _____

Total MELAB _____

Total IELTS _____

Visa and Funding Status

a) Do you have an International Student Advisor at the University of Michigan? Yes No

Name of Advisor _____

b) Please indicate how you are funding your education:

Personal Funding

Family Funding

Scholarship

c) Please attach a copy of your current I-20

Academic Conduct – All applicants must complete and sign

19. Please answer the following questions, sign this statement, and return it to the Office of Academic Affairs, School of Public Health, University of Michigan, with your application.

Last name _____ First name _____ Middle _____

A. Have you ever been expelled, suspended, or placed on probation for reason of academic dishonesty since your original application to the University of Michigan?

No Yes

B. Have you ever been convicted of a criminal offense since your original application to the University of Michigan or are there such charges currently pending against you at this time?

No Yes

If you answer yes to either of these questions, you must submit a full explanation.

By my signature, I certify that all answers I have given on this application and the essay responses are complete and accurate to the best of my knowledge. I understand that falsification or omission of information or credentials may result in revocation of admission.

Signature required _____

20. Have you submitted an application to any University of Michigan unit other than the School of Public Health for the term indicated on this application? Y N (circle one)

If yes, specify the unit and approximate date submitted. _____ / ____ / ____

A non-refundable application fee of \$75 domestic or \$75 international must accompany this application. Make check or money order in U.S. dollars payable to The University of Michigan. Do not send cash.

All Applicants Must Sign:

21. To the best of my knowledge, all of the information provided in this application, including all schools attended, is accurate.

I understand that misrepresentation of any portion of this application may be cause for cancelling admission or financial aid.

Signature _____ Date ____ / ____ / ____

Submitting Your Application

Your application is complete to mail when you have:

- 1) Completed and submitted the application form
- 2) SPH has received the Statement of Interest and Qualifications
- 3) SPH has received official transcripts from all previous post-secondary institutions attended
- 4) Received two letters of recommendations
- 5) You have paid the 75\$ Application Processing fee via website or check

Enclose these items in an envelope and send to:

School of Public Health
Office for Student Engagement and Practice
Suite 1700
Attn: Admissions
1415 Washington Heights
Ann Arbor, Michigan 48109-2029