

FOR OFFICE USE ONLY

Date received _____ initials _____
Student ID # _____

EASTERN KENTUCKY UNIVERSITY

College of Health Sciences

Application for Admission to the Master of Public Health Program

Please type or print clearly

1. FULL LEGAL NAME _____ 2. EMAIL _____
Last First Middle/maiden

Name on Transcripts if different from above _____

3. ADDRESSES Current/Local _____
No. & Street City Country State Zip Code

Permanent _____
No. & Street City Country State Zip Code

4a. LOCAL TELEPHONE NO. _____ 4b. WORK TELEPHONE NO. _____
(With country code if outside USA) (With country code if outside USA)

5. EMERGENCY NOTIFICATION _____
(Within USA if possible) Name Relationship Street City/State/Zip Phone

6. UNDERGRADUATE DEGREE _____
Institution Degree Month/Year graduated

7. PREVIOUS GRADUATE STUDY _____
Institution Degree Month/Year graduated

8. PREVIOUS ENROLLMENT AT EKU Earliest Date _____ Most Recent Date _____

9. HAVE YOU TAKEN THE GRE Yes No Date _____ If yes, scores reported to Eastern?
TOFEL Yes No Date _____ Yes No

10. EMPLOYMENT HISTORY (most recent first)
Position Employer Address Dates

11. SEMESTER REQUESTING ENROLLMENT (choose only one) Year _____ Fall Spring Summer

12. OPTION WITHIN THE MPH DEGREE PROGRAM TO WHICH YOU ARE APPLYING:

Community Health Education Environmental Health Science Public Administration

The following information will NOT be used in making admission decisions. However, it is extremely useful for record keeping purposes.

13. SEX Female Male 14. BIRTH DATE _____ 15. ALUMNUS IN FAMILY Yes No
Month/Day/Year

16. U.S. CITIZEN Yes No 17. BIRTH PLACE _____ 18. U.S. VETERAN Yes No

If no, permanent resident? Yes No Alien Registration No. _____

19. PLACE OF LEGAL RESIDENCE _____ (State, if U.S., or Country)

20. ETHNIC ORIGIN American Indian or Alaska/Native Asian/Pacific Islander Black/African/American Hispanic/Latino White

Submit the following directly to the Program Director:

- 1. [this application](#).
- 2. three letters of recommendation
- 3. statement of personal & professional objectives

Dr. Vickie Sanchez
Director, MPH Program
Dizney132, 521 Lancaster Ave.
Richmond, KY 40475

SEND ALL OTHER APPLICATION MATERIALS DIRECTLY TO THE GRADUATE OFFICE:

- Graduate school application and related fee
- Official college/university transcripts
- Official GRE or MAT scores
- TOEFL score (International applicants only)

Graduate School
SSB 310, CPO 68
Eastern Kentucky University
521 Lancaster Avenue
Richmond, KY 40475-3102
www.gradschool.eku.edu

