



SCHOOL OF PUBLIC HEALTH APPLICATION

University of Illinois at Chicago

1603 West Taylor Street (MC 923) • Chicago, Illinois 60612-4310 • (312) 355-4272

- Include \$40 (domestic or immigrant applicant) or \$50 (international applicant) nonrefundable application fee (U.S. currency) payable to the University of Illinois. The fee cannot be waived or deferred regardless of currency restrictions imposed.
- Please type or print in ink.

Check one degree program only: **Master of Public Health** **Doctor of Public Health**

Please indicate if you are applying to a joint degree program. You must apply separately to the other program of interest as well.

MPH/MD MPH/MS in Nursing MPH/DDS MPH/MBA

If you plan to concurrently enroll in another degree program, please identify: _____

Please indicate to which campus you are applying: Chicago Peoria (CHS ONLY) Rockford (HPA ONLY)

Check here if you are a GPPA student

1 Proposed Term of Enrollment for Academic Year _____. Admission is to the fall term only.

2 Full Legal Name (If not a U.S. citizen, please print your name exactly as it appears or will appear on your passport)

3 Indicate Any Name(s) You Have Used on previous academic records that are different than above

<i>Last/Family Name/Surname</i>	<i>First/Given/Personal</i>	<i>Middle</i>
_____	_____	_____

<i>Last/Family Name/Surname/Maiden</i>	<i>First/Given/Personal</i>	<i>Middle</i>
_____	_____	_____

4 U.S. Social Security Number | | | | | | | | | |

5 Permanent Legal Home Address

_____ *Number and Street or Rural Route* *Apt. No.* *Area Code and Telephone Number*

_____ *City or Town* *County* *State (or Country)* *Zip Code*

6 Current Mailing Address if different from #5

_____ *Number and Street or Rural Route* *Apt. No.* *Area Code and Telephone Number*

_____ *City or Town* *County* *State (or Country)* *Zip Code*

7 Birthdate | | | | | | | | | |
Month Day Year

8 Sex Male Female

9 Work Area Code and Telephone Number

E-Mail

10 Are you a U.S. citizen? Yes (D) No If No, check the appropriate box (I, F, or N) indicating your current status.

I —NONCITIZEN: Immigrant, refugee, parolee, conditional entrant or asylum status. **Please attach a copy of both sides of the Alien Registration card, Temporary Resident card, or other INS document.**

F —INTERNATIONAL: An international applicant is a citizen or permanent resident alien of a country or political area other than the United States who has a residence outside the United States to which he or she expects to return and either is, or proposes to be, a temporary alien in the United States for educational purposes.

Country of citizenship _____

Country of birth _____

If on visa, indicate current visa type _____ and attach affidavit of financial support if form I-20AB or IAP-66 is required.

N—OTHER

11 Are you a resident of the state of Illinois? Yes No Uncertain
If Yes or Uncertain, indicate your length of residence in Illinois: ____ Years ____ Months

If claiming Illinois residency through your parents, spouse, or legal guardian, please provide the following information:

Name of parent(s) }
 Spouse }
 Legal guardian } _____
Last Name First

Permanent home address of above person _____
Number and Street

_____ *City or Town* *State or Country* *Zip Code*

12 Race/Ethnic Group

Your response to the following is voluntary and will not adversely affect your application. The information is requested so that this institution may demonstrate its compliance with federal regulations. Failure to provide this information will not subject you to any adverse treatment.

- (1) Native American or Alaskan Native _____
 (2) Black, not of Hispanic origin (please specify tribe)
 (3) Asian or Pacific Islander
 (6) White, not of Hispanic origin

- Hispanic Categories
 (8) Mexican American
 (9) Puerto Rican
 (0) Cuban
 (4) Other Hispanic _____
 (please specify)

- *Native American or Alaskan Native:* Persons having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.
- *Black, not of Hispanic origin:* Persons having origins in any of the black racial groups of Africa.
- *Asian or Pacific Islander:* Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- *White, not of Hispanic origin:* Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- *Hispanic:* Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Are you a veteran or on active duty in the U.S. Armed Forces? (Exclusive of Reserves, National Guard, etc.) Yes No

13 If Yes, indicate dates of service:

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 From

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 To

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 Month Year Month Year

14 Have you EVER ATTENDED any campus of the UNIVERSITY OF ILLINOIS?
 Yes No

If Yes, please indicate your dates of attendance after the appropriate campus below.
 If No, please go on to 15A.

If you withdrew from the term currently in progress, indicate the date.

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 Month Day Year

	Dates of Attendance				Name of Degrees Conferred or Expected	Major	Date Conferred or Expected
	FROM		TO				
	Month	Year	Month	Year			
University of Illinois at Chicago							
University of Illinois at Chicago health professional colleges							
University of Illinois at Springfield							
University of Illinois at Urbana-Champaign							

15 Please list the educational institutions you have attended.

A Official transcripts are required from those institutions where you earned credit toward the baccalaureate degree and from all institutions where postbaccalaureate work has been done.

Begin with most recent college attended Institution	Location—List city and state or country	Dates of Attendance				Name of degree or diploma received or expected	Major	Date received or expected	
		FROM		TO				Month	Year
		Month	Year	Month	Year				

B College you are now attending (if applicable): _____
 Current Term Fall Winter Spring Summer

List any courses you may be currently taking and list all others you plan to take before enrolling at UIC.

Term	Course Department	Course Number	List course titles as stated in catalog	Semester Hours	Quarter Hours

16 Indicate degree objective *and* choice of division.

	Division	MPH	DrPH
Biostatistics	<input type="checkbox"/> BSTT	<input type="checkbox"/>	
Community Health Sciences	<input type="checkbox"/> CHS	<input type="checkbox"/>	<input type="checkbox"/>
Environmental/Occupational Health Sciences	<input type="checkbox"/> EOHS	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiology	<input type="checkbox"/> EPI	<input type="checkbox"/>	
Health Policy & Administration	<input type="checkbox"/> HPA	<input type="checkbox"/>	<input type="checkbox"/>

17 List all graduate-level admission examinations you have taken. An official test score report must also be sent directly to UIC.

Examination	Date Taken or Scheduled	Score and Percentile		
GRE General		Verbal:	Quantitative:	Analytical:
DAT				
GMAT		Verbal:	Quantitative:	Total:
LSAT				
PCAT				
MCAT				
TOEFL				
Other		Test:	Results:	

18 **Special Training** (A resume may be substituted for required information.)
List types, dates, and places of any special training acquired (e.g., in-service courses, workshops, seminars, etc.).

19 List full-time employment since leaving high school (A resume may be substituted for required information.)

Dates Employed	Description of Responsibilities and Title	Employer	Address

List part-time health-related employment.
