

SCHOOL OF PUBLIC HEALTH
Application for Undergraduate Major in Public Health

LAST NAME: _____ FIRST NAME: _____ MI: _____

CAMPUS ID NUMBER: _____ TELEPHONE: _____ - _____ - _____
(not your Social Security Number)

LOCAL or CAMPUS ADDRESS:

Street Address 1: _____
Street Address 2: _____
City: _____ State: _____ Zip Code: _____

PERMANENT ADDRESS:

Street Address 1: _____
Street Address 2: _____
City: _____ State: _____ Zip Code: _____

E-MAIL ADDRESS : _____

Year Admitted to UAlbany: _____ Transfer Student? Yes No

Part-time or Full-time student (please circle one)

Personal Statement (approximately 2 pages in length)

Please indicate your reasons for pursuing a major in public health. Provide information that will assist the Admissions Committee in evaluating your application, such as your past academic performance, volunteer or work experience, and your future career and/or educational objectives.

Reference

Please provide the name and contact information of one person who is familiar with your past academic or work performance:

Name of Reference: _____ Relationship: _____

Phone Number: _____ E-mail address: _____

I hereby give my permission to the School of Public Health to obtain copies of my University at Albany transcript from the Office of the Registrar, and to obtain copies of my non-University at Albany transcripts that have been filed with the Office of the Registrar.

Signature of Applicant: _____ Date: _____

Please submit completed application to:
Ms. Lue Ellis
Undergraduate Program Coordinator
Humanities Building, Room B016A
University at Albany, SUNY
1400 Washington Avenue
Albany, NY 12222