

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.