



Master of Public Health Acceptance Reply Form

TO HOLD YOUR PLACE IN THE SUMMER 2020 ENTERING CLASS PLEASE RESPOND
WITHIN

TWO WEEKS OF THE RECEIPT OF YOUR ACCEPTANCE LETTER

I, [Print Full Name] _____ **ACCEPT** the offer of admission to the
SUNY Downstate Master of Public Health Program for the entering class of **Summer 2020**.

Were you previously enrolled in a New York State EOP/SEEK/HEOP/College Discovery Program in
undergraduate college?

[] Yes [] No

Please confirm your concentration interest ranking the boxes below 1 – 5
(with 1 being your first choice):

☐

Biostatistics

☐

Epidemiology

☐

Community Health Sciences

☐

Environmental & Occupational Health Sciences

☐

Health Policy & Management

Note: A \$150 Admissions **Deposit is due by April 15-April 30, 2020**. We will remind you of the deposit
closer to April 1. Orientation and registration materials will be mailed to you in the Spring Semester.

I, [Print Full Name] _____ **DECLINE** the offer of admission to the SUNY
Downstate Master of Public Health Program for the entering class of **Summer 2020**.

PERSONAL INFORMATION (Please Print)

Address: _____

Street Address Apt #

City State Zip Code _____

Telephone: (Day) _____

(Eve) _____

(Cell) _____

E-mail Address _____

Signature Date _____

Please return this form to:

SUNY Downstate Medical Center
Office of Student Admissions
450 Clarkson Avenue, Box 60
Brooklyn, NY 11203-2098

Or by email to:

admissions@downstate.edu