



Master of Public Health Acceptance Reply Form

**TO HOLD YOUR PLACE IN THE SUMMER/FALL 2019 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/Fall 2019**.

indicate your concentration interests.

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

[] Yes [] No

Note: A \$150 Admissions **Deposit within one week of the date of your acceptance**. Your
deposit will be applied to your MPH tuition charges.

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

I, [Print Full Name] _____ **DECLINE** the offer of admission to the SUNY
Downstate Master of Public Health Program for the entering class of **Summer/Fall 2019**.

PERSONAL INFORMATION (Please Print)

Address: _____
Street Address Apt #

City State Zip Code _____

Telephone: (Day) _____ (Eve) _____ (Cell) _____

E-mail Address Signature Date

Email completed form to: admissions@downstate.edu

**FAILURE TO RETURN THIS FORM WITHIN TWO WEEKS FROM THE DATE OF
ADMITTANCE WILL RESULT IN YOUR APPLICATION BEING WITHDRAWN**