



Application for Consideration to the Master of Public Health Form for Current SUNY Downstate College of Medicine Students

To be Filled Out by Student

I, [Print Full Name] _____, a current College of Medicine student in good academic standing, would like to be considered for admission to the Master of Public Health program at **SUNY Downstate Health Sciences University** entering

_____ **Summer** _____ **Fall** _____ **Spring** _____
Entry Term

**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**

PERSONAL INFORMATION (Please Print)

Address: _____
Street Address Apt #

_____ City, State, Zip Code

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

_____ E-mail Address Signature Date

To be Filled Out by the SPH: _____ *Accept* _____ *Reject*

Comments: _____

_____ Admissions Committee Chair, School of Public Health _____ Date

_____ SPH Assistant Dean for Enrollment and Student Affairs _____ Date