THE UNIVERSITY OF MEMPHIS SCHOOL OF PUBLIC HEALTH

APPLICATION FOR ADMISSION TO
CERTIFICATE IN **POPULATION HEALTH**
(applicants must also apply to the U of M Graduate School).

BIOGRAPHICAL AND ACADEMIC INFORMATION		
Last Name:	First Name:	M.I.
Street Address:		Apartment #
City:	State:	Zip:
Cell Phone:	Home Phone:	Work phone:
Email Address:	Date of Birth:	Application Date:
Term you wish to apply for: Semester: ☐ Year: ☐		
How did you hear about the certificate program:		

EDUCATIONAL HISTORY

Please list all graduate and undergraduate programs attended.

Institution Attended	From	To	Degrees Earned	Major/Minor	Graduated (Yes/No)	Cumulative GPA
					Yes /No	
					Yes /No	
					Yes /No	

WORK HISTORY

Company Name	From	To	Position Held

STATEMENT OF PURPOSE: ONE PAGE LETTER

Please attach a **one-page** letter in which you describe your reasons for seeking a certificate in Population Health.

Application Checklist:

Materials sent to the School of Public Health: ATTN Shirl Sharpe ssharpe@memphis.edu
225 Robison Hall Memphis, TN 38152 Phone: (901) 678-1710; Fax: (901) 678-0172

☐ Application to the Certificate in Population Health (this form)
☐ One-page letter describing reasons for seeking the Certificate

Materials sent to the UofM Graduate School:
☐ Application to the University of Memphis Graduate School;
☐ Graduate School Application fee;
☐ Official transcripts from all institutions of higher education attended

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