



GRADUATE PROGRAM
IN PUBLIC HEALTH

Master of Public Health (M.P.H) Supplemental Application

2016-2017: No Fall 2016 admissions decisions will be made prior April 1, 2016

College of Health Professions
Marshall University
One John Marshall Drive
Huntington, WV 25755

Admission Sought

Concentration

Global and Community Health

Full-time Study

Research Evaluation and Policy

Part-time Study (Must consult Program Director)

General Information and Disclosure

Admission requirements

For all students applying for admission, minimum qualifications include:

- Entering students must hold at least a bachelor's degree from an accepted, accredited college or university with minimum undergraduate grade-point average of 3.0 on a 4.0 scale. Waivers to the GPA requirement may be made in exceptional circumstances, such as when prior satisfactory graduate school performance has been demonstrated.
- Submission of scores for the General Test of the Graduate Record Examination (GRE). Applicants may request permission to submit results from a doctoral level health professions examination in lieu of the GRE. All examination reports submitted must reflect current valid scores. Applicants holding doctoral level health practitioner degrees or the J.D. degree are exempt from the standardized exam requirement, but may submit current GRE scores in support of an application.
- Submission of the Application for Graduate Admission to Marshall University, including all required admissions credentials and payment of a non-refundable fee, and acceptance by the Graduate College.
- Receipt of official transcripts from all degree-granting institutions by the Graduate College of Marshall University, and official transcripts of other coursework as the program may require.
- Submission of three letters of recommendation. At least two of these must be from faculty if the applicant has engaged in full-time post-secondary study in the previous five years.
- Resume of work history or curriculum vitae, to describe both post-secondary work and study.
- Submission of the MPH Program Supplemental Application, including personal statement not to exceed two pages in length, and acceptance by the Graduate Program in Public Health.
- Individual interview may be employed by the Admissions Committee in making admissions decisions, as well as in consideration of scholarship support.

Accreditation and Licensure

The U.S. public health accreditation body is the Council on Education in Public Health (CEPH). New programs do not receive prospective accreditation; the Graduate Program in Public Health is working to meet and exceed accreditation requirements for review at the earliest possible date (late 2016). At the present time, no licensure applies to public health practice, although the Certified in Public Health (CPH) qualification is increasingly desirable. Recent graduates of newly accredited programs are eligible to sit for the CPH exam.



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Marshall University Policy Statements

Equal Opportunity Policy Statement

It is the policy of Marshall University to provide equal opportunities to all prospective and current members of the student body, faculty, and staff on the basis of individual qualifications and merit without regard to race, color, sex, religion, age, handicap, national origin, or sexual orientation. This non-discrimination policy also applies to all programs and activities covered under Title IX, which prohibits sex discrimination in higher education. Marshall University strives to provide educational opportunities for minorities and women in the undergraduate student body which reflect the interest, individual merit and availability of such individuals. The university ensures equality of opportunity and treatment in all areas related to student admissions, instruction, employment, placement accommodations, financial assistance programs, and other services.

Marshall University also neither affiliates with nor grants recognition to any individual, group, or organization having policies that discriminate on the basis of race, sex, religion, age, sexual orientation, handicap, or national origin. Information on the implementation of the policy and/or the Title IX Amendment should be addressed to: Office of Equity Programs/Old Main/ Marshall University/ Huntington, West Virginia 25755.

Annual Security and Fire Safety Report

Marshall University is committed to assisting all members of the University community in providing for their own safety and security. The Annual Security and Fire Safety report is available at www.marshall.edu/disclosures/securityreport. A printed copy of the report is available by calling the Marshall University Police Department at 304-696-4357.

The report contains information regarding campus security and personal safety including topics such as: crime prevention, university police law enforcement authority, crime reporting policies, fire safety polices, disciplinary procedures and other matters of importance related to security on campus. The report also contains information about fire statistics in MU Residence Halls and crime statistics for the three previous calendar years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by MU; and on public property within, or immediately adjacent to and accessible from the campus. This information is required by law and is provided by Marshall University.

Consumer Information and Disclosures

In order to help consumers make well-informed decisions about postsecondary education, federal regulations require higher education institutions to disclose certain information.

To assist in locating this information, Marshall University has created a Consumer Information and Disclosures launching point at <http://www.marshall.edu/disclosures/>. Among others, the following specific reports are available from the Marshall University Consumer Information and Disclosures web site: student financial aid information, drug and alcohol abuse prevention program information, retention rates, and graduation rates. Prospective students may request printed copies of any report at no charge by calling the Office of University Communications at 304-696-7153.



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Supplemental Application				
Applicant Information				
Full Name			Date	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address				
	<i>Street Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>			<i>State</i>	<i>ZIP Code</i>
<i>County</i>		<i>Country (if not U.S.)</i>		
Phone		E-mail Address		
Date of Birth				
Sex	Male	Female	<small>Check box to be considered for graduate assistant (GA) stipend: <input type="checkbox"/> Yes <input type="checkbox"/> No</small>	
Other Names under which credentials may arrive				
Emergency Contact				
<i>Name</i>		<i>Telephone</i>		
<i>Street</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
Residency				
Fee Classification Applying for:	<input type="checkbox"/> West Virginia Resident		<input type="checkbox"/> Nonresident	
Please refer questions regarding determination of residency status to the Graduate Admissions Office.				
Citizenship				
Birthplace				
<i>City</i>		<i>State</i>	<i>Country (if not U.S.)</i>	
Citizenship	US Citizen	Permanent US Resident	Other _____	
Did you earn a degree from an institution where English was not the only language of instruction?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate TOEFL or other English proficiency exam taken, the date taken, and your score	
<i>Proficiency Exam</i>		<i>Date Taken</i>		<i>Score</i>



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Admissions Criteria

GRE Exam Date		Verbal _____	Quantitative _____	Analytical _____
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Please list all institutions attended and any degrees earned beginning with the most recent.

<i>Degree Type</i>	<i>Name of Institution</i>	<i>Major</i>	<i>Degree Date</i>

Are you currently enrolled in a graduate program at Marshall University?	Yes No
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If yes, indicate which program	
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Do you plan to remain in this program in addition to the GPPH?	Yes No
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Additional Information

The information below is utilized to help us meet Federal, State and accreditation requirements. as well as answer other inquiries. Your answers help us to meet requirements, but failure to respond will not prejudice the consideration of your application. In order to respond to these requests, we ask you to answer the following questions:

Do you consider yourself Hispanic/Latino? <small>(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)</small>	Yes	No
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In addition, select one or more of the following racial categories to describe yourself:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | American Indian or Alaskan Native – a person having origins in any of the original peoples of North and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment. |
| <input type="checkbox"/> | Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia or Indian Subcontinent origin; including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> | Black or African American – a person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> | Native Hawaiian or other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> | White – a person having origins in any of the original peoples of Europe, Middle East, or North Africa. |



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Personal Statement



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Personal Statement (cont'd)

Empty space for the Personal Statement.



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Criminal Background Check and Drug Screen

Criminal background checks and drug screens are commonly required in many health professions. Students may find a desired practicum rotation may require a criminal background check and/or drug screen. Failure to satisfy such requirements can impair a student's ability to obtain a desired training opportunity, and could bar employment. Students are advised to carefully consider such ramifications.

Background Questions

Are you currently under investigation for or have any pending adjudications against you for any law violations other than a minor traffic violation? If so, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever pleaded guilty, no contest, or been convicted of a crime other than a minor traffic violation? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you currently hold, or have you ever held, a Professional License or Registration? If yes, please list all such Professional Licenses and Registrations indicating the state, license type and number and current status of license.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever had a professional license or registration suspended or revoked? If yes, please describe that action and explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Disclaimer

I certify that I am the person named on this application and that the information entered on this form is true and correct. I have read and agree to all applicable policies and information pertaining to my admission and enrollment at Marshall University (see: <http://www.marshall.edu/catalog/Graduate/index.html> for most recent version of MU Graduate Academic Catalog) I understand that this application and all academic credentials should be on file in the Marshall University Graduate College by the previously announced deadline, and that I must be formally admitted to the University before I will be permitted to register, be considered for financial aid, or for a graduate assistantship. I authorize the Marshall University Graduate program in Public Health to make any investigations that they deem appropriate and to secure any additional information concerning me. **I understand that if any criminal or legal charges occur after I submit this application, I am required to notify the Director of Graduate Program in Public Health within 10 days. I understand that withholding or failing to provide accurate and complete information may result in administrative withdrawal, disciplinary action, or prosecution by the University, and that I may be held responsible for payment of all fees. In consideration of my admission and enrollment, I, the undersigned, do hereby agree to assume and pay any and all costs and charges. I understand that all materials submitted in support of an application for admission become the property of Marshall University Graduate Program in Public Health. Materials will not be returned or released to the student or to third parties. I acknowledge and agree to these terms and conditions.**

Applicant Signature _____ Date _____

Send all materials directly to:
Marshall University
Graduate Records and Admissions Office
100 Angus E. Peyton Drive
South Charleston, WV 25303-1600
Email: services@marshall.edu
Telephone: 304-746-1900
Toll Free: 1-800-642-9842 ext. 61900
Fax: 304-746-1902

For additional information, please see our website at
www.marshall.edu/gpph/