

University of Connecticut Master of Public Health (MPH) Program Application for FastTrack BA/BS – MPH

Last Name (family)	First nam	e (given)	Mid	dle	Birth name (or for	mer name)
	Place of Birth Month/Day/Year					
Please check all that Hispanic Native American	Black,	non-Hispar 'Pacific Islar	_		non-Hispanic	
UCONN Peoplesoft number: En				nail address:		
Phone number:(Are	ea code)					
Mailing address:	Number	Street		City	State	Postal Code
Permanent address	: Number			City	State	Postal Code
Current enrollment	: Freshman Other	S	ophomore	Jur	nior Sen	or
Major:				Expecte	d Graduate Date _	
Secondary Major (if	applicable):					Month/Year
Advisor/Faculty: *						
Name				Department		
I authorize the assess my quali			-		my UCONN transc ogram.	ript in order to

Date

Signature

*Identify the individual who will be submitting your letter of recommendation.

For admission to the UCONN BA/BS – MPH FastTrack program, applicants must demonstrate a strong academic record, a background and/or experience relevant to the public health program, a commitment to the health of the community and a well-conceived reason to participate. To support your application, <u>you are required to submit a personal statement</u> (1 page, 300 words maximum) below that describes your reason for participating in the FastTrack program. Your statement should address:

- Your career plans and what has influenced your decision
- Your experiences, to date, with public health and community service
- Honors/awards/recognition for work completed in public health or community service
- An assessment of your academic and interpersonal strengths and weaknesses

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When complete, you can click submit form button at top right corner to send form using your email application (you will receive an outgoing message notification), else save form & manually email it to bcase@uchc.edu Note -- You cannot submit or save completed form when on web in browser.