



College of Health & Social Services

Department of Health Science

MSC 3HLS

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PERSONAL ESSAY

APPLICANT'S NAME:

COMPLETE MAILING ADDRESS:

PHONE NUMBER(S):

EMAIL ADDRESS:

Directions: Please discuss your specific reasons for seeking the M.P.H. degree with a specialization in Community Health Education. Describe any personal and professional experiences that have prepared you for this program of study? (Attach a separate page, if needed)

Applicant Signature _____ Date _____

Return all application materials to:

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Fax: 575 646 4343

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