



College of Health & Social Services

Department of Health Science

MSC 3HLS

New Mexico State University

P.O. Box 30001

Las Cruces, NM 88003-8001

Tel: 575-646-4300, fax: 575-646-4343

www.nmsu.edu/~hlthdpt

ADMISSION APPLICATION FOR THE ON-CAMPUS MPH PROGRAM

ALL APPLICATION MATERIALS HAVE A SPECIFIED DUE DATE. PLEASE SEE THE "PROSPECTIVE STUDENTS" SECTION LOCATED AT <http://www.nmsu.edu/~hlthdpt> FOR A LIST OF ALL DUE DATES

I wish to apply for admission to the ON-CAMPUS Master of Public Health (MPH) in Community Health Education Program at New Mexico State University. I have read the departmental admissions requirements and am submitting letters of reference and other required documents separately.

I understand the following:

- 1) I must also complete and submit a separate application and academic transcripts to the NMSU Graduate School.
- 2) All classes needed to complete the MPH degree will be offered on-campus. The program is designed to allow students flexibility to pursue the degree at a pace that meets their individual needs, either part-time or full-time.
- 3) Students admitted to the ON-CAMPUS program are expected to complete the degree in the ON-CAMPUS program.
- 4) Courses should be completed in the recommended sequence. Not doing so will likely mean additional time required to complete the degree.
- 5) Application to the ON-CAMPUS program does not guarantee admission.
- 6) All new students are expected to attend (in-person) a program orientation at the New Mexico State University campus in Las Cruces, date and time to be specified.
- 7) The mission of NMSU is: "New Mexico State University is the state's land-grant university, serving the educational needs of New Mexico's diverse population through comprehensive programs of education, research, extension education, and public service." The mission of the MPH program is: "To provide academic, professional, and service excellence in preparing community health education professionals who will demonstrate competent leadership,

innovation, and technical expertise at local, state, national and international levels, in particular with border health problems in communities along the U.S./Mexico border.”

- a. The on-line MPH program is intended primarily for New Mexico residents, and secondarily for residents of the Southwest United States.
- b. The on-campus MPH program is available to all qualified in-state, out-of-state, and out-of-country applicants
- c. In both instances, preference will be given to qualified applicants whose interests and/or experiences most closely complement the mission of the MPH program

GENERAL INFORMATION

NAME:

_____ (Last) _____ (First) _____ (Middle)

Daytime telephone: _____ Message Phone: _____

Email address: _____

CURRENT MAILING ADDRESS:

_____ (Street or PO Box)

_____ (City) _____ (State) _____ (Zip Code)

PERMANENT MAILING ADDRESS:

_____ (Street or PO Box)

_____ (City) _____ (State) _____ (Zip Code)

EDUCATIONAL INSTITUTIONS ATTENDED / DEGREES AWARDED/EXPECTED OR CREDITS EARNED:

INSTITUTION: _____ Dates (From/To) _____

DEGREE: _____ MAJOR: _____

Date Awarded/Expected _____ OR Credit Hours Earned _____

INSTITUTION: _____ Dates (From/To) _____

DEGREE: _____ MAJOR: _____

Date Awarded/Expected _____ OR Credit Hours Earned _____

INSTITUTION: _____ Dates (From/To) _____

DEGREE: _____ MAJOR: _____

Date Awarded/Expected _____ OR Credit Hours Earned _____

Are you a Returning Peace Corp Volunteer? _____ Yes _____ No

Have you previously completed graduate courses? Please describe:

Honors or academic awards received:

List the names and addresses of two individuals whom you have requested to fill out reference forms.

These forms should be mailed by the individuals directly to the Department of Health Science.

IN YOUR "PERSONAL ESSAY" (A SEPARATE FORM) PLEASE BE SURE TO DISCUSS YOUR REASONS FOR SEEKING THE ON-CAMPUS MPH DEGREE AT NEW MEXICO STATE UNIVERSITY. PLEASE ADDRESS: 1) THE REASONS FOR YOUR INTEREST IN THE MPH, 2) A DESCRIPTION OF ANY PAST WORK EXPERIENCE IN PUBLIC HEALTH, AND 3) YOUR PLANS AND PROFESSIONAL GOALS.

I attest to the validity of the above information. I understand that, if admitted to the program, I may be dismissed at any time for providing falsified information.

(Signature of Applicant)

(Date)

Return all application materials to:

Department of Health Science
Health & Social Services Building
1335 International Mall
PO Box 30001, MSC 3 HLS
Las Cruces, NM 88003
Telephone: 575 646 4300
Fax: 575 646 4343

Dept. web site: <http://www.nmsu.edu/~hlthdpt>