



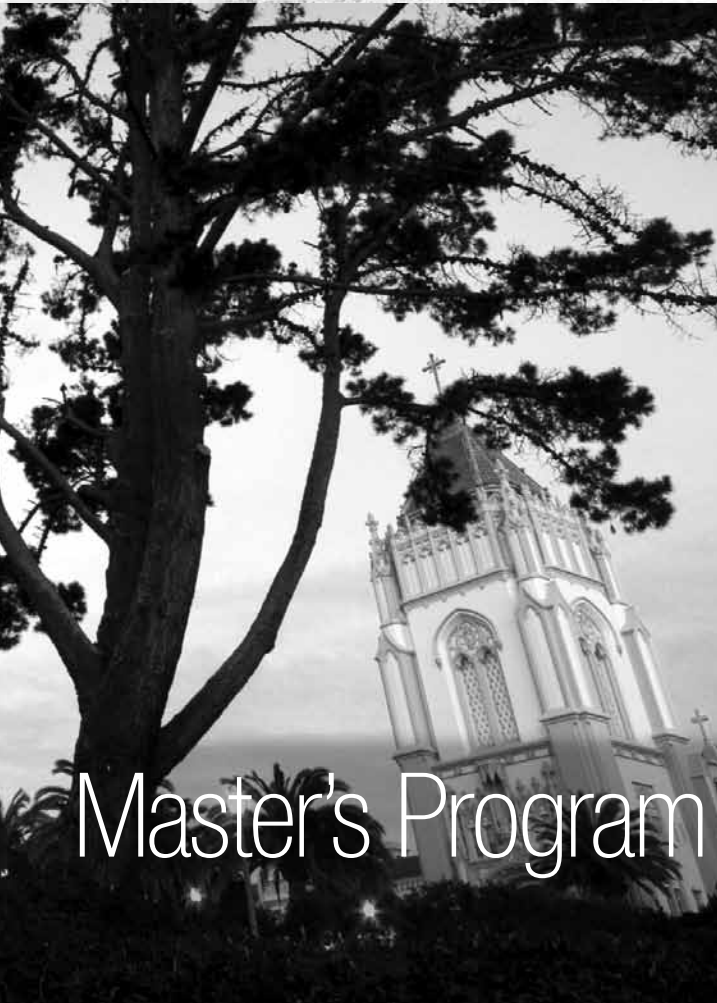
UNIVERSITY of
SAN FRANCISCO

University of San Francisco



public health

application for admission



Master's Program





Application for Graduate Admission Master's Program — Public Health

Who May Apply

The MPH Program at USF is accessible to all persons with a completed baccalaureate degree and to those who are interested in pursuing a professional degree to prepare for a career in public health.

A minimum GPA of 3.0 overall is required for admission to the MPH Program. International educational experience is highly valued. Language proficiency (other than English) is also a plus.

There are no prerequisite undergraduate coursework requirements. However, preference will be given to those students who show evidence of competence in pre-calculus math, basic biological science and social sciences (psychology, anthropology, sociology, economics).

When to Apply

Admission will be highly competitive for the MPH Program at USF. Applications will be evaluated only after all materials have been received (this does not include coursework in progress). The MPH Program admits students in the fall of each academic year. However, applications are accepted throughout the year and students may be accepted on a rolling admission basis or until the cohort is full. For this reason, it is best to apply as early as possible before the priority deadline.

PRIORITY DEADLINE IS JUNE 15 for programs at the San Francisco campus beginning in the Fall

Application Instructions

You can apply online at www.usfca.edu/grad/applyonline. Mail your other application items to the Office of Graduate Admission.

Application Form and Fee

Submit the form and application fee (\$55; payable to the University of San Francisco) online or by mail. **Submit this form as early as possible in the application process.**

Official Transcripts

Submit an official transcript from each college or university attended. Transcripts should be requested from the registrar of each institution and be sent to the Office of Graduate Admission.

A Résumé

Include a résumé of your work experience, educational background, and professional activities, as well as any outside interests you would like to have considered.

Letters of Recommendation

Submit two letters of recommendation (scholastic or professional preferred; e.g. professor or work supervisor).

A Statement of Goals

Submit a 1- to 3-page document that describes your interests and professional goals as they relate to public health, and how you plan to use the MPH in your career. Further, describe your reasons for pursuing a master's degree in public health at the University of San Francisco. Finally, please be sure to identify and explain any international educational experience that you may have fielded during your undergraduate studies.

International Students

(Not a Citizen or Permanent Resident of the U.S.)

Nonimmigrant students must include a foreign mailing address. In addition to the documents listed under "Application Instructions," International Students need to submit the following:

Official Academic Records

Submit official academic records from all university-level institutions attended.

English Proficiency Examination

Submit official TOEFL examination scores. A minimum score of 600 (Paper Test), 100 (IBT), or 7.0 (IELTS) is required. USF will also accept the Pearson Test of English (PTE).

Certification of Finances

(Please Read Carefully)

International applicants who require an F-1 student visa must demonstrate that they (and/or other sponsors) can fund all or a significant amount of their educational and living expenses in the United States. To do this, the **Certification of Finances** form must be completed and submitted along with bank statements. If you cannot complete the Certification, then please do not apply to this graduate program.

Please Note: If funding from your sponsor(s) requires that you first be admitted to the university's graduate program, then your application will be considered if you attach a note to your application indicating that your Certification of Finance is to come. After you receive your admission decision letter, you will want to complete and send your verified Certification of Finances to USF.

Other Information

Please identify your language proficiency (fluent or conversational) with regard to any other languages spoken or studied other than English. Identify how many years you have studied these languages.

Financial Assistance

For information concerning financial assistance programs available to applicants to the Master of Public Health Program, please contact the USF One Stop Enrollment and Financial Services Office: University of San Francisco, 2130 Fulton Street, LM 251, San Francisco, CA 94117-1080, (415) 422-2020, email: onetsop@usfca.edu.

Submit All Application Items to:

Office of Graduate Admission
University of San Francisco
2130 Fulton Street
San Francisco, CA 94117-1046

Once your application form is processed by the Office of Graduate Admission, you will be sent a user name and password so that you may check your application status online. Or check your application status by contacting Graduate Admission at graduate@usfca.edu or at 415.422.6613.



University of San Francisco Application for Graduate Admission

Please submit this form as early as possible in your application process.

FIRST STEP: Your full name should be identical and provided on all of your application items, along with the name of your graduate program and birthdate (except on test scores). International applicants should give their name as listed on their passport. If your name is not identical on all items, please notify the Office of Graduate Admission at graduate@usfca.edu or 415.422.6613 to describe any other version of your name and on which application item(s) it appears.

Program Information

OPTIONAL U.S. SOCIAL SECURITY NO. (FOR U.S. CITIZENS AND PERMANENT RESIDENTS): _____

Please refer to the Graduate Programs and Codes sheet located on the back cover to indicate to which program you are applying.

DEGREE: _____ PROGRAM: _____

PROGRAM CODE: _____ EMPHASIS (IF APPLICABLE): _____

TERM AND YEAR: _____ CAMPUS LOCATION: _____

Are you applying for a Joint Degree program? If so, indicate your program here _____

Are you currently enrolled in a USF graduate program? If so, indicate your program here _____

Personal Information

Legal Name _____
LAST/FAMILY NAME FIRST/GIVEN NAME MIDDLE/ADDITIONAL NAME

OTHER NAMES YOU MAY USE WHICH APPEAR ON SUPPORTING DOCUMENTS _____

DATE OF BIRTH: _____ GENDER: MALE FEMALE

Present Mailing Address

STREET ADDRESS

Effective Until: _____
CITY STATE ZIP OR POSTAL CODE

COUNTRY

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

Permanent Mailing Address (if different from above)

STREET ADDRESS

Please provide a permanent mailing address, phone, and email address where you can be reached at any time of the year – including summer months.

CITY STATE ZIP OR POSTAL CODE

COUNTRY

PHONE: _____ EMAIL: _____

Names of Recommenders

LAST/FAMILY NAME FIRST/GIVEN NAME LAST/FAMILY NAME FIRST/GIVEN NAME

Optional Statistical Information

Religious affiliation (Optional):

- BUDDHIST
 - HINDU
 - JEWISH
 - MUSLIM
 - PROTESTANT
 - ROMAN CATHOLIC
 - NO RELIGION
 - OTHER (PLEASE SPECIFY)
-

Ethnic background (Optional):

Please indicate whether you consider yourself to be Hispanic/Latino:

- NOT HISPANIC or LATINO
 - HISPANIC or LATINO
 - CUBAN
 - MEXICAN
 - PUERTO RICAN
 - SOUTH AMERICAN
 - CENTRAL AMERICAN
 - OTHER SPANISH ORIGIN:
-

PREFER NOT TO DISCLOSE

Racial background (Optional):

In addition, select one or more of the following categories to describe yourself:

- NATIVE AMERICAN or ALASKA NATIVE
 - ASIAN
 - CHINESE
 - FILIPINO
 - JAPANESE
 - KOREAN
 - SOUTHEAST ASIAN
 - INDIAN
 - PAKISTANI
 - OTHER ASIAN ORIGIN
 - BLACK or AFRICAN AMERICAN
 - NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
 - WHITE
 - WESTERN EUROPEAN
 - EASTERN EUROPEAN
 - MIDDLE EASTERN
 - NORTH AFRICAN
 - PREFER NOT TO DISCLOSE
-

Citizenship or Residency Status

- U.S. CITIZEN U.S. PERMANENT RESIDENT REFUGEE IN U.S. ASYLEE IN U.S. NON U.S. CITIZEN OR PERMANENT RESIDENT

International Students — Required Information

STATE/COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

DO YOU PLAN ON MAINTAINING A VISA STATUS OTHER THAN F-1 STUDENT VISA? NO YES IF YES, WHAT VISA STATUS WILL YOU HOLD? _____

DO YOU PLAN ON BRINGING A SPOUSE AND/OR CHILD TO THE U.S. WITH YOU DURING YOUR STUDIES? NO YES

ARE YOU CURRENTLY ATTENDING A U.S. INSTITUTION OR COMPLETING OPTIONAL PRACTICAL TRAINING (OPT) ON AN F-1 VISA? NO YES

Academic Background

List chronologically all universities and colleges (university-level institutions) previously attended. List most recent first:

CEEB CODE Admission use only	INSTITUTION NAME	LOCATION	DATES OF ATTENDANCE	DEGREE RECEIVED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature

I certify that the statements in this application are true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE

Return completed application and all application items to:

**Office of Graduate Admission
University of San Francisco
2130 Fulton Street
San Francisco, CA 94117-1046**

The Taxpayer Relief Act of 1997 was enacted to provide credit against tax liability for amounts spent on qualified tuition expenses by the student and his/her family. Only those tuition expenses not covered by financial aid or by tuition or other benefits are eligible for the credit. We anticipate that the University will be asked to provide confirming information to the Internal Revenue Service on behalf of its students and/or their parents. If you or your parent(s) anticipate claiming Tuition Tax credits, please provide the following information about the person who will claim the credit.

Taxpayer name: _____

Taxpayer ID#: _____

Taxpayer address: _____

The taxpayer is (check one): the student student's parents other



University of San Francisco Recommendation for Graduate Admission

To the Applicant

Please fill out the following section and provide it to someone most able to evaluate your academic or professional ability. It is important that your reference include this form with their recommendation letter. If that is not possible, your recommender needs to include your full name (as it appears on your application form), birthdate, and graduate program on their recommendation letter.

Legal Name

LAST/FAMILY NAME FIRST/GIVEN NAME MIDDLE/ADDITIONAL NAME

Date of Birth

____ / ____ / ____
MONTH DATE YEAR

Present Mailing Address

STREET ADDRESS

CITY STATE ZIP OR FOREIGN MAILING CODE

COUNTRY

Graduate Program

(FOR EXAMPLE: ASIA PACIFIC STUDIES)

Right of Access

I have requested that this form be used in the admission and counseling process of the University of San Francisco. I understand that the Family Education Rights and Privacy Act of 1974 allows me the option to choose whether I will, or will not, have the right to read this letter of recommendation. Accordingly, I choose the following option by checking the appropriate box:

- I waive access to this letter of recommendation
I understand that it will remain confidential and that I will not have access to read it.
- I do not waive access to this letter of recommendation
I retain my right to have access to read it during the admission process at the University of San Francisco

SIGNATURE OF APPLICANT DATE

To the Recommender

The student whose name appears above is a candidate for admission to the University of San Francisco. We would value your candid appraisal of this applicant. Please complete the remainder of this form as soon as possible and return to the following address:

**Office of Graduate Admission
University of San Francisco
2130 Fulton Street
San Francisco, CA 94117-1046**

Letter of Recommendation

Please write a statement concerning the applicant's level of motivation, intellectual ability, creativity, communication skills and readiness for graduate studies. You may include a separate sheet for your evaluation, but please complete this form and include it with your evaluation.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

SIGNATURE OF RECOMMENDER

DATE

Recommender Name

LAST/FAMILY NAME

FIRST/GIVEN NAME

MIDDLE/ADDITIONAL NAME

POSITION

TELEPHONE NUMBER

EMAIL ADDRESS

Institution/Organization

INSTITUTION/ORGANIZATION NAME

STREET ADDRESS

CITY

STATE

ZIP OR POSTAL CODE



University of San Francisco Recommendation for Graduate Admission

To the Applicant

Please fill out the following section and provide it to someone most able to evaluate your academic or professional ability. It is important that your reference include this form with their recommendation letter. If that is not possible, your recommender needs to include your full name (as it appears on your application form), birthdate, and graduate program on their recommendation letter.

Legal Name

LAST/FAMILY NAME FIRST/GIVEN NAME MIDDLE/ADDITIONAL NAME

Date of Birth

____ / ____ / ____
MONTH DATE YEAR

Present Mailing Address

STREET ADDRESS

CITY STATE ZIP OR FOREIGN MAILING CODE

COUNTRY

Graduate Program

(FOR EXAMPLE: ASIA PACIFIC STUDIES)

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How long have you known the applicant? _____

What is your relationship to the applicant? _____

SIGNATURE OF RECOMMENDER

DATE

Recommender Name

LAST/FAMILY NAME

FIRST/GIVEN NAME

MIDDLE/ADDITIONAL NAME

POSITION

TELEPHONE NUMBER

EMAIL ADDRESS

Institution/Organization

INSTITUTION/ORGANIZATION NAME

STREET ADDRESS

CITY

STATE

ZIP OR POSTAL CODE



Supplemental Application for Graduate Admission Master's Program — Public Health

Relevant Experience

List any courses related to public health; international experience; and/or healthcare experience that you would like to highlight

COURSE TITLE	TERM	SCHOOL

Employment History

EMPLOYER	POSITION	DATES	DESCRIPTION OF DUTIES

DOES YOUR CURRENT EMPLOYER OFFER FINANCIAL ASSISTANCE FOR GRADUATE STUDY? NO YES

Professional and Scholarly Activities

Other than your positions, describe briefly your professional and community activities. Include any scholarly presentations or publications.

HAVE YOU EVER BEEN SUSPENDED OR DISMISSED FROM ANY SCHOOL OR COLLEGE? NO YES (IF YES, PLEASE FULLY EXPLAIN ON A SEPARATE SHEET.)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? NO YES (IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET THE NATURE OF THE OFFENSE.)

Test for Admission

Most recent date that you took test or date when you will take the test.

TOEFL (Required if English is not your first language) DATE: _____ SCORE: _____

Table of Programs and Codes

School of Nursing

DEGREE	PROGRAM	CODE	TERMS	LOCATION
MPH	Master of Public Health	MPH	Fall	San Francisco
MSN	Non-Nurse to MSN	NUEL	Summer Spring	San Francisco San Francisco
MSN	RN/ADN to MSN	NUAL	Summer Fall Spring	North Bay San Francisco, San Ramon South Bay
MSN	RN/BSN to MSN	NURL	Summer Fall Spring	North Bay San Francisco, San Ramon South Bay
MSN	RN/BA-BS to MSN	NUBL	Summer Fall Spring	North Bay San Francisco, San Ramon South Bay
MSN	Post-Master's CNL certificate	NUCL	Summer	San Francisco



Educating minds and hearts to change the world

www.usfca.edu

Equal Opportunity and Non-Discrimination Policy: The University is an equal opportunity institution of higher education. As a matter of policy, the University does not discriminate in employment, educational services and academic programs on the basis of an individual's race, color, religion, religious creed, ancestry, national origin, age (except minors), sex, gender identity, sexual orientation, marital status, medical condition (cancer-related and genetic related) and disability, and on other bases prohibited by law. The University reasonably accommodates qualified individuals with disabilities under the law.