



Doctor of Public Health Graduate Study Application

Please type and print completed application.

Social Security Number (if available) _____

Name _____
Last (family name) First Middle

Former name(s) used at previous colleges, if any _____

Email address _____
List an active email address as this will be the primary mode of communication.

Present mailing address _____
Number/Street

City State ZIP Nation

If applicable, address good until _____

Present telephone numbers _____
Home Work (if available) Cell

Permanent mailing address _____
(If different from above) Number/Street

City State ZIP Nation

Permanent telephone number _____
(If different from above)

GSU is required to report data on gender and ethnic groups to certain federal and state agencies, as the data relates to civil rights compliance. The provision of this information by applicants is not mandatory.

Gender:

Race/Ethnic Group: ___ White ___ Black/African American ___ Asian ___ American Indian or Alaska Native
___ Native Hawaiian or Other Pacific Islander

Are you Hispanic or Latino? ___ Yes ___ No

Birthdate: _____

Country of Birth: _____

Citizenship: ___ U.S. Citizen ___ Permanent Resident Alien (Attach a copy of **both** sides of your alien registration card or I-94.)
___ Nonimmigrant alien (visa type _____)

Country of Citizenship (if not USA) _____

List all Colleges/Universities you have attended: (List most recent first)

OAA Office Use Only	Name of College/University	Location	From: Mo/Yr.	To: Mo/Yr.	Degree Program Major or Concentration	Degree Awarded Name/Date	

Date you took or intend to take the appropriate exam: GRE _____ GMAT _____

Date you requested or intend to request scores to be sent to GSU: GRE _____ GMAT _____

Have you previously applied to Georgia State University? _____ No _____ Yes: Which year and term? _____

Employment History (please include all places of employment within the last two years):

OAA Office Use Only	Organization	City, State, Country	Occupation Title	Full-time or Part-time	Years Employed

Select one program for which you are applying:

_____ Doctor of Public Health (DrPH)

_____ Other

Semester/Year for which you are applying:

_____ Fall (August) _____ Spring (January) _____ Summer (June) Year 20 _____

Emergency Contact Information:

Name _____
 Last (family name) First Relationship

 Emergency Phone Number

Required Information: (All questions must be answered and you must provide detailed explanations for any yes answers. Include additional pages if needed.)

Are you ineligible (NOT eligible) to enroll at any previously attended institution? *(If yes, you must list corresponding dates and provide a concise statement of the circumstances surrounding your ineligibility.)* Yes No

Are you currently on or have you ever been placed on academic probation, suspension, exclusion, or any other type of academic warning at any previously attended institution? *(If yes, you must list corresponding dates and provide a concise description of the circumstances.)* Yes No

Are you currently charged with, or have been found guilty of, any violation of academic honesty, honor code, or conduct regulations of a previously attended institution? *(If yes, you must list each separate charge pending against you or with which you have been found responsible. For each charge, you must list the corresponding dates and provide a concise description of the circumstances.)* Yes No

Have you left a previous institution while there were pending charges of any violation of academic honesty, honor code, or conduct regulation? *(If yes, you must list each separate charge pending against you. For each charge, you must list the corresponding dates and provide a concise description of the circumstances.)* Yes No

Are you currently charged with, or have been found guilty of, any violation of a federal, state, or municipal law, regulation or ordinance other than minor traffic violations, including offenses for which any type of first offender status have been granted? *(If yes, you must list each separate charge pending against you or for which you have been convicted. Dead-docketed charges constitute pending charges and must be disclosed. For each charge, you must list the corresponding dates and provide a concise description of the circumstances. For example, if you have been charged with D.U.I., underage drinking, and possession, you must list all three individual charges even though they stem from the same incident.)* Yes No

Have you ever entered a plea of guilty, no contest, nolo contendere, an Alford plea, or otherwise accepted responsibility for the commission of a crime? *(If yes, you must list each separate charge for which you have entered such a plea or admission of responsibility. For each charge, you must list the corresponding dates and provide a concise description of the circumstances.)* Yes No

Have you received any type of discharge from military service other than an honorable discharge? *(If yes, you must list all individual charges for which you were found responsible. For each charge you must list the corresponding dates and provide a concise description of the circumstances that prevented you from receiving an honorable discharge.)* Yes No

MILITARY SERVICE INFORMATION

Are you currently active duty, a veteran, a member of the National Guard, or a Reservist in the U.S. Armed Forces?
___ Yes ___ No

If "Yes" to the above then, please specify: ___ Active Duty ___ National Guard ___ Reservist ___ Veteran

If "Active Duty" to the above then, which branch? ___ Air Force ___ Army ___ Coast Guard ___ Marine Navy ___ Uniformed Services

What is your home state of record? Are you stationed or assigned to Georgia? ___ Yes ___ No

If "National Guard" or "Reservist" to the above then, are you stationed or assigned to Georgia? ___ Yes ___ No

Are you the spouse or dependent child under the age of 24 of someone who is currently active duty, a veteran, a member of the National Guard, or a Reservist in the U.S. Armed Forces? ___ Yes ___ No

If "Yes" to the above, then please specify current status/component of the military member:
___ Active Duty ___ National Guard ___ Reservist ___ Veteran

If "Active Duty" to the above, then:
Military member's branch of service: ___ Air Force ___ Army ___ Coast Guard ___ Marine ___ Navy ___ Uniformed Services
Military member's home of record: Is the military member stationed or assigned to Georgia? ___ Yes ___ No
If "National Guard" or "Reservist" to the above, then is the military member stationed or assigned to Georgia? ___ Yes ___ No

INTERNATIONAL APPLICANT INFORMATION

Applicants whose native language is not English or who have not earned a degree from a U.S. institution.

Primary language: _____

Language used in college instruction: _____

Date you took or intend to take the Test of English as a Foreign Language (TOEFL): _____

Date you requested or intend to request scores to be sent to GSU: _____

Non-U.S. Citizens Only (whether in this country or applying from abroad):

Type of Visa requested (Select one)

F-1	F-2	J-1	J-2	H-1
H-2	B-1	B-2	Refugee	Asylee

Other _____

Is this visa currently held? _____ Yes _____ No

If you are a Permanent Resident Alien, please provide your alien number and date the card was issued: _____

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that omissions and misrepresentations will be considered falsification of my application that will operate to automatically invalidate my application and admission (if already admitted), to Georgia State University. Further, I understand that pursuant to O.C.G.A §16-10-71, any material false statement made knowingly and willingly by me on this application, including any documents in my application materials, may result in prosecution in a court of law for false swearing which is punishable by a fine of not more than \$1,000, by imprisonment for not less than one nor more than five years, or both.

IMPORTANT: THIS FORM MUST BE SIGNED.

I certify that the information provided on this application and any attached documents is true and accurate to the best of my knowledge and understand that omissions or falsifications may result in withdrawal of a decision to accept me or in disciplinary action. I understand that I must request and provide official transcripts to the School of Public Health from all previously attended colleges or universities attended (including Georgia State University) before I may be considered for admission. I further understand that I may be required to furnish additional information or take additional tests to be considered for admission.

SIGNATURE OF APPLICANT _____ **DATE** _____
Georgia State University, a unit of the University System of Georgia, is an equal opportunity educational institution and an equal opportunity/affirmative action employer. The University is open to people of all races and actively seeks to promote racial integration.

LAWFUL PRESENCE REQUIREMENT

The Board of Regents of the University System of Georgia requires that any student applying to Georgia State University must provide verification of their lawful presence in the United States before their admission to the university can be finalized.

This requirement is detailed in the following Board of Regents policies:

[Policy 4.1.6 Admission of Persons Not Lawfully Present in the United States](#)
[Policy 4.3.4 Verification of Lawful Presence](#)

While not required at the time of application, providing one of the following documents may expedite your verification process. Please submit a black and white copy of one of the items listed below with your application. Please note, only U.S. Citizens and Permanent Residents should submit documentation.

Please submit a copy of one of the following documents:

- Current U.S. Passport
- Current GA Driver's License issued by the State of Georgia after January 1, 2008
- Current GA ID Card issued by the State of Georgia after January 1, 2008
- U.S. Certificate of Naturalization
- U.S. Certificate of Citizenship
- U.S. Certificate of Birth Abroad
- Permanent Resident Card

Return completed application to:

Georgia State University School of Public Health
Office of Academic Assistance and Career Services
P.O. Box 3995, Atlanta, GA 30302-3995

Phone: 404-413-1452 Fax: 404-413-2343
E-mail: sphadmissions@gsu.edu