

Dear Prospective Student:

Thank you for your interest in our dual Osteopathic Medicine (DO) and Masters of Public Health (MPH) degree program. Applicants to the **DO/MPH** program must apply to both schools separately and be accepted into both programs to be eligible for dual degree status. Applicants should complete and submit the attached application with all necessary application materials to the UNTHSC-School of Public Health, Office of Student & Academic Services.

Please refer to the "Application Checklist" to ensure inclusion of all required documents to complete your application packet. Contact the [Texas College of Osteopathic Medicine - Office of Admissions](#) for instructions on applying to the Doctor of Osteopathic Medicine program.

The University of North Texas Health Science Center is accredited by the Southern Association of Colleges and Schools (SACS). Additionally, the School of Public Health is accredited by the Council on Education for Public Health (CEPH).

Application Deadlines:

Fall- Priority Date: **March 15th**

Spring- Priority Date: **June 1**

Summer- Priority Date: **February 15th**

Additionally, a competitive score on the Graduate Record Examination (www.ets.org) is required for entrance into the MPH degree program. Scores must be reported using the institutional code (6565) for the University of North Texas Health Science Center/School of Public Health. The following examinations may be submitted in lieu of the GRE, GMAT, MCAT, LSAT, PCAT or DAT. The examination requirement is waived for applicants possessing a professional doctoral degree with a license to practice in the United States.

If possible, I look forward to meeting with you for a tour of our campus and an opportunity for you to speak with faculty and students. If you have any questions or concerns regarding your application, please contact the School of Public Health, Office of Student & Academic Services at (817) 735-2401 or email sph@unthsc.edu .

Thank you,

Liz Medders

Liz Medders
Associate Director of Recruitment & Admissions

Application Checklist

Have you included the following items?

- ❑ **Application for Admission.** It is important to complete all of the requested information on the application form and that you sign and date the form.
- ❑ **Application Fee.** Only checks and money orders in US currency are acceptable forms of payment. Please make payable to the UNT Health Science Center.
- ❑ **Demographic Information Form (Optional).** The UNT Health Science Center at Fort Worth is an equal opportunity / affirmative action institution. It is the policy of the Health Science Center not to discriminate on the basis of race, color, religion, gender, age, national origin, disability, or disabled veteran or veteran of the Vietnam era status in its educational programs, activities, admissions, or employment policies. Questions or complaints should be directed to the Equal Opportunity Office, 817-735-2357.
- ❑ **Transcripts from all previous college work.** Transcripts must be either sealed in envelopes with the signature of the Registrar placed across the envelope's seal or forwarded directly to the School of Public Health from the institutions Registrar. Transcripts in unsealed or opened envelopes will not be accepted. All foreign institution transcripts must be provided in both the native language and an English translation.
- ❑ **Three Letters of Recommendation.** Forms attached may be used or letters can be submitted. Letters must be sealed in an envelope with the author's signature placed across the seal. Unsealed or opened letters will not be accepted. Recommenders may email their letters to sph@unthsc.edu .
- ❑ **Statement of Professional Goals.** Please include a statement of your professional goals, referencing the area of study you wish to pursue. The statement should be limited to two typed double-spaced pages in a font size of 10,11 or 12.
- ❑ **Resume.** Please attach a current resume outlining your employment history, particularly any experience related to the field of public health.
- ❑ **Graduate Record Examination (GRE) scores.** Scores must be sent directly to the University of North Texas Health Science Center/School of Public Health from Educational Testing Services (www.ets.org). **The institutional reporting code for UNT Health Science Center/School of Public Health is 6565.** [See optional examinations](#)

Remember!

Mail application materials to:
UNT Health Science Center- SPH
Office of Student & Academic Services, EAD-716
3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2699

SCHOOL OF PUBLIC HEALTH

Application for Admission

Please Print or Type

Application Fee \$40

Check One:

- U.S. Citizen
- Permanent Resident
- International

Name: Last First Middle Maiden Social Security Number

Current Address: Street City State Zip Code

Length of time at current residence? _____ Months _____ Years
(If less than 12 months, please attach a list of prior residences and the length of time you lived at each one)

Permanent Address: Street City State Zip Code

() Area Code – Home Phone () Area Code – Work Phone E-Mail Address

Place of Birth: City/State/Country Texas is my state of legal residence? Yes No

Citizenship: Country

If Non-U.S. Citizen or Permanent Resident: Date and Port of Entry into the United States Alien Registration Number

Emergency Contact: Name Phone Number Relationship

Check the semester in which you are applying and enter the year: Spring 20____ Summer 20____ Fall 20____

Course of Study: *(please check one)*

- DO/MPH Professional Option** (42 SCH)
- DO/MPH Concentration Specific Option** (48 SCH)
(Please circle the concentration applying to): biostatistics /
community health / epidemiology / environmental & occupational
health sciences / health management & policy

Are you currently under charge or have you ever been convicted of a felony or misdemeanor other than minor traffic violations? Yes No

If yes, you must submit a full written explanation to the School of Public Health, UNT Health Science Center, 3500 Camp Bowie Boulevard, Fort Worth, TX 76107.

Have you ever enrolled at the UNT Health Science Center? Yes No If yes, when? Fall Spring Summer Year: _____

Your name while attending the UNT Health Science Center: _____

Have you taken the Graduate Record Exam (GRE) and forwarded your scores to the UNT Health Science Center/School of Public Health?
 Yes No If yes, date of exam: _____

Have you taken the TOEFL exam and forwarded your scores to the UNT Health Science Center/School of Public Health?
(Required for all international applicants) Yes No If yes, date of exam: _____

Scores on the GRE and TOEFL exams must be reported directly to the UNT Health Science Center to be valid.

High school last attended _____ City _____ State or Country _____ Graduation date _____

If not graduated, have you taken the GED? Yes No N/A

Please note: 1) D.O. /M.P.H. applicants need only submit MCAT scores for admission.
2) GRE scores must be sent directly to the School of Public Health from Educational Testing Service (ETS). The School of Public Health code is 6565.

Please list **all colleges or universities** in which you have been officially registered. Include dates of attendance and degrees conferred (if applicable). Failure to list all schools attended will be considered an intentional omission and lead to enforced withdrawal.

Institution ----- City, State	Dates Attended Month/Year to Month/Year	Major	Minor	Degree Conferred	Year Conferred

Are you presently enrolled at another college? Yes No If Yes, where? _____

Are you presently enrolled in an English language program? Yes No

The Family Rights and Privacy Act of 1974 prohibit the health science center from releasing information to anyone other than the student. If you wish for someone to be able to discuss your file with this office, please list his or her name on this line.

Please print or type name: _____

I certify that the information submitted in these application materials is complete and correct. I agree to notify the proper officials of the institution of any changes in the information provided. I understand that falsification or omission of any information on the application documents will void my admission, cancel my enrollment, and/or result in appropriate disciplinary action.

Signature of Applicant

Date

- ◆ All payments must be paid in US dollars, by check or money order, to **UNT Health Science Center**.
- ◆ Clery Act and Campus Crime Statistics: http://www.hsc.unt.edu/departments/police/crime_stats.htm

Demographic Information Sheet

This form is not required to complete your application to the University of North Texas Health Science Center/School of Public Health. Information derived from this form is used to design recruitment plans for the UNT Health Science Center and not to determine your eligibility for admission.

Date of Birth: _____
Date: MM /DD/YYYY

Gender: Female Male

How do you describe yourself? White (Non-Hispanic) Native American/Alaskan Native
 Black (Non-Hispanic) Asian/Pacific Islander
 Puerto Rican (Mainland) Other Hispanic
 Mexican American Other: _____

Hometown: _____
City / State / Country

How did you learn about the UNT Health Science Center/School of Public Health?
 Internet
 UNT Health Science Center Student
 UNT Health Science Center Faculty/Staff Member
 UNT Health Science Center Alumnus
 Graduate/Professional School Fair
 Your Academic Advisor
 Poster/Brochures
 GradAdvantage
 Other: _____

Please briefly explain the most important factor in your decision to apply to the University of North Texas Health Science Center/School of Public Health:

Signature of Applicant

Date: MM/DD/YYYY