

MPH Supplemental Application Form



SACRAMENTO STATE
COLLEGE OF CONTINUING EDUCATION

Required for application to the Master of Public Health

Please provide the information requested below to supplement your application for admission to the Master of Public Health at Sacramento State. This form is a required part of the application packet. **Submit this completed form in Quadrant IV of the Cal State Apply application**, along with all other required portions of the application. Applications that are missing this document will be considered incomplete and will not be reviewed until this and all other required elements of the application have been received by the University.

Applicant Information:

Last Name: _____ First Name: _____
 Email: _____ Date: _____

Section 1: Summary of Education

Please list all higher education received, starting with the most recent. If a degree is still in process, please indicate the expected completion date. If a degree was started but not completed, please write "NC" in the Date Completed column.

Degree	Major	Institution	Date Completed	Overall GPA

Section 2: Professional and Volunteer Experience

Both paid and volunteer work experience, especially in public health, are valuable assets for MPH applicants. Please describe up to 5 years of work experience in the space provided below. If you have more than 5 years of work experience, emphasize your public health work below. If you do not have experience in public health, emphasize what you feel is most relevant. Do not write "see resume."

Job Title: _____	Paid or Unpaid? _____
# of Months in Position: _____	Full or Part-Time? _____
Employer: _____	
Duties: _____	

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Section 3: Recognitions

List below any awards, commendations or recognitions you have received and any publications you have contributed to during or after your undergraduate work. Also include fluency (reading, writing, speaking) in any languages other than English. Attach additional sheets if needed.

Date	Name and Description	Organization/Type

Section 4: Certification

By signing below, I certify to the best of my knowledge that the information provided above is complete, accurate and true:

Signature