The University of Iowa College of Public Health
Public Health Certificate Program Application Form

A. Personal data:

1. Name _____
Family (last) First Middle

2. Maiden name _____ Should this name be included on your University records? ☐ yes ☐ no

3. Social Security Number: _____ 4 Gender: ☐ Female ☐ Male 5. Birth date: _____
mo/day/yr

6. Mailing address _____
street city state/country ZIP county, if Iowa

7. _____ 8. _____
day telephone # *evening/week-end telephone #* *E-mail address*

9. _____ 10. Birth place _____
UI campus address if any *city/state/country*

11. Country of citizenship: ☐ USA ☐ Other (Specify)_____

12. If you are not a US citizen, are you a permanent resident of the US? ☐ yes ☐ no

13. If yes, print your Alien registration number_____

14. If you are a nonimmigrant visa holder, indicate the type of visa you hold: ☐ student (F-1); ☐ exchange visitor (J-1);
☐ dependent of student (F-2); ☐ dependent of exchange visitor (J-2) ☐ other: _____

15. Ethnicity and Race for US citizens and permanent residents only *(optional, check all that apply):*
Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino
Race: ☐ Alaska Native or American Indian ☐ African American ☐ Hawaiian/Pacific Islander ☐ White
☐ Asian ☐ Other: _____

16. Semester & year desired of entrance: _____ 17. List any Public Health Memberships or affiliations _____

_____

B. Educational Data:

Name & location of Institution	*Degree earned*	*Dates of attendance*	*Date of degree conferral*	*Cum GPA*	*Major*

This form is designed for students who plan to enroll in courses leading to the Public Health Certificate. In order to be valid, this form must be signed & dated. The University of Iowa requests this information for the purposes of updating our records. Persons outside the University are not routinely provided this information except for directory information such as name and local address. Responses to all items are required unless indicated otherwise.

C. Current Educational Data:

1. I am currently enrolled in college or university classes or am pursuing a degree program at _____
Name & location of the Institution

_____
major & degree program if any, dates of attendance Cum GPA (4 pt scale) hours earned

2. If you're enrolled in a UI program, do you wish to remain in your current program? ☐ yes ☐ no

3. Have you ever applied to, or are you in the process of applying to, any other degree program in the UI College of Public Health? ☐ yes ☐ no

If yes, which program?_____

D. Statement in Determination of Residency

1. Do you consider yourself a resident of the state of Iowa? ☐ yes ☐ no
2. If you reside in Iowa, in which month & year did this present residency begin? _____
3. Please give a chronological account of your major activities (including summers) for the three years immediately preceding your proposed enrollment at the University.

from (mo/yr) to (mo/yr)	activity (i.e. work, school, military)	location (city/state)

V. Certification:

I certify that all information (including my Social Security number) contained in this application is factually correct and complete. I understand that the misrepresentation or omission of any information including enrollment in other colleges or universities is sufficient grounds for canceling my admission or registration. My signature authorizes the Social Security Administration to release my Social Security Number to the University.

Signature: _____ **Date:**_____

VI. Please return this completed form with:

☐ Official transcripts from all colleges/ universities attended
☐ Statement of Purpose (1-2 page writing sample describing your interest in the certificate program, career goals, and motivation for entering the program)
☐ Résumé or Curriculum Vitae

To complete your application, 2 reference letters are required (one from a public health practitioner & one from an academic reference are preferable). They may be mailed under separate cover from the referrer.

Mail to: Katie Yamaki
The University of Iowa
College of Public Health
200 Hawkins Drive, E173 General Hospital
Iowa City, IA 52242

Deadline: March 15 for summer session
July 15 for fall semester
December 1 for spring semester

Questions? Call us at 319 384-5469 or toll free at 1-800-553-4692, ext 4-5469

The University of Iowa prohibits discrimination in employment and in its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA in the Office of Affirmative Action, (319) 335-0705 (voice) and (319) 335-0697 (text), 202 Jessup Hall, The University of Iowa, Iowa City, Iowa 52242-1316.