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

## A. Personal data:

1. Name										
Family (last)	First	N	/liddle							
2. Maiden name	Should this name be included on your University records yes no									
3. Social Security Number:	4 Gender	: Female I	Male ☐ Other	5. Birth date:	mo/day/yr					
6. Mailing address										
street	city	state/count	ry	ZIP	county, if Iowa					
7		0								
7	g/week-end telephone ‡		E-mail address							
9.	10 Birth	olace								
9UI campus address if any		city/state/cou	untry							
11. Country of citizenship USA Other (S	pecify)									
12. If you are not a US citizen, are you a perman	nent resident of the US	?	no							
13. If yes, print your Alien registration number_										
14. If you are a nonimmigrant visa holder, indicate the type of visa you hold:   dependent of student (F-2); dependent of exchange visitor (J-2) other:										
15. Ethnicity and Race for US citizens and perm Alaska Native or American Indian Other:	Black Native H				lon-Hispanic/Latino					
16. Semester & year desired of entrance:		17. Graduate or Und	ergraduate Certific	ate desired:						
18. List any Public Health Memberships or affilia	ations									
B. Educational Data:										
Name & location of Institution	Degree earned	Dates of attendance	Date of degree of	conferral Cum Gi	PA Major					
Name & location of Institution	Degree earned	Dates of attendance	Date of degree of	conferral Cum Gl	PA Major					
Name & location of Institution	Degree earned	Dates of attendance	Date of degree of	conferral Cum GI	PA Major					
& location of Institution	Degree earned	Dates of attendance	Date of degree of	conferral Cum Gi	PA 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 Education	Jilai Dala.							
1. I am currently enrolled	in college or univ	versity classes or am pursuing a	a degree progra	Name & location of the Institution				
major & degree program it	any,	dates of attendance		Cum GPA (4 p	ot scale)	hours earned		
2. If you're enrolled in a U	I program, do yo	u wish to remain in your curren	t program?	yes 🗌 n	0			
3. Have you ever applied	to, or are you in	the process of applying to, any	other degree p	orogram in the UI	College of Public Heal	th? yes no		
If yes, which program?				-	•	_ , _		
D. Ctatamant in Dat		of Dockdonous						
D. Statement in Det	ermination of	of Residency						
	which month & y	he state of lowa  yes year did this present residency your major activities (including s		ne three years imn	nediately preceding yo	ur proposed enrollment		
from (mo/yr) to (mo/yr)		activity (i.e. work, school, m	ilitary)		location (city/stat	e)		
misrepresentation or omiss	sion of any inforr	ocial Security number) containe mation including enrollment in o social Security Administration to	ther colleges o	r universities is su	ufficient grounds for ca			
Signature:					Date:			
VI. Please e-mail (k	atie-boland(	@uiowa.edu) this compl	leted form v	vith:				
entering the progra Résumé or Curricu	am) ulum Vitae	writing sample describing you						
Official transcripts	from all college	es/ universities attended mu	ıst be mailed :	to the address b	pelow)			
Mail transcripts to:		sity of Iowa Public Health erside Dr., S255 CPHB		Deadline	Harch 15 for some 15 for fall December 1 for f			

Questions? e-mail katie-boland@uiowa.edu

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.