

UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES INDIANS INTO MEDICINE

Master of Public Health Application



SECTION I: DEMOGRAPHIC INFORMATION

Contact Information:

Today's Date: _____
MM DD YYYY

Name: _____
First Last Middle Initial

Date of Birth: _____ Gender: _____
MM DD YYYY

Mailing Address: _____
Box or street address

City State Zip code

Permanent Address: Check if same as mailing address

Box or street address

City State Zip code

Cell Phone: _____ Email: _____

Name of Tribe and Reservation: _____

Check if you are an enrolled member

SECTION II: ACADEMIC INFORMATION

Undergraduate Major: _____

	School Name	City and State	Program/Major	Grad Date/ Dates Attended
High School				
Tribal College 1				
Tribal College 2				
College/University 1				
College/University 2				
Technical College				
Other				

SECTION III: AUTOBIOGRAPHICAL SKETCH

Please write a short essay in which you tell us about yourself and how you would like the INMED Program to help you meet your academic goals.

SECTION IV: SIGNATURES

I certify that all information provided is true and correct to the best of my knowledge. I understand the INMED Program will use this information solely for the purpose of determining participant eligibility and student tracking and scholarships.

Name of Applicant (please print)

Applicant's Signature

Date:

MM DD YYYY

APPLICATION REQUIREMENTS

1. Master of Public Health application submitted electronically through **SOPHAS**
2. Master of Public Health or Indigenous Health PhD application submitted through UND School of Graduate Studies
3. Documentation of tribal enrollment or affiliation
4. INMED Application

Please return all documents via email or mail to:

University of North Dakota School of Medicine & Health Sciences
Indians Into Medicine
Room E251
1301 N Columbia Rd Stop 9037
Grand Forks, ND 58202-9037
inmed@UND.edu

Questions or additional information, please call
701.777.3037 or email inmed@UND.edu