

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



Master of Public Health/Indigenous Health Ph.D. Application

## SECTION I: DEMOGRAPHIC INFORMATION

### Contact Information:

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Name: \_\_\_\_\_  
Last First 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 E161  
1301 N Columbia Rd Stop 9037  
Grand Forks, ND 58202-9037

[inmed@UND.edu](mailto:inmed@UND.edu)

Questions or additional information, please call  
701.777.3037 or email [inmed@UND.edu](mailto:inmed@UND.edu)