

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: _____
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. 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