

INDIANS INTO MEDICINE

University of North Dakota School of Medicine & Health Sciences



MASTER OF PUBLIC HEALTH APPLICATION

Applications are available all year. Deadline is the same as MPH application.

Name: _____
 Last First Middle Initial

Date of Birth: ____/____/____ Age: _____ Gender: Female Male EMPLID: _____
 MM DD YYYY (If known - Assigned by UND)

Mailing Address: _____
 Box or Street Address

 City State Zip Code

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Permanent Address: _____
 Box or Street Address

 City State Zip Code

Permanent Telephone: _____

Student's Marital Status: _____ Age of student's children (if any): _____

If married, spouse's name: _____
 Last First Middle Initial

Spouse's work Phone: _____ Ext.: _____ Spouse's Cell: _____

Name of Tribe and Reservation: _____
 Please Note: Applicants must provide a copy of Enrollment in a U.S. Federally Recognized Tribe

FOR STATISTICAL PURPOSES / PLEASE COMPLETE THE FOLLOWING:

Parents' Marital Status: Single Married Divorced Widowed Separated

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

ACADEMIC INFORMATION:

Undergraduate Degree: _____ and Major: _____

Other Degree: _____ and Major: _____

Tell us if the following items and processes have been met or if you need information or assistance with:

UND Housing Office: Done Need to do Not Applicable

Other Financial Aid Applied for: _____

ESSAY QUESTIONS

On three separate pieces of paper, please type one page responses for the following three essay questions and submit with application:

1. Autobiographical sketch. Tell us about yourself and how you would like the INMED Program to help you meet your academic goals and objectives.
2. Please describe any prior and/or current public health education or experiences you have.
3. Please explain how you plan to use your MPH degree.

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.

Applicant's Signature: _____ Date: _____

APPLICATION REQUIREMENTS / CHECK-OFF

- Master of Public Health Application Submitted Electronically through the Graduate School
- INMED Application
- American Indian Federal Enrollment Documentation

Mail all forms to:

University of North Dakota School of Medicine & Health Sciences
Indians Into Medicine, E161
1301 North Columbia Road Stop 9037
Grand Forks, ND 58202-9037

For questions or additional information, you are welcome to write or call:

University of North Dakota School of Medicine & Health Sciences
Indians Into Medicine, E161
1301 North Columbia Road Stop 9037
Grand Forks, ND 58202-9037
701.777.3093
inmed@UND.edu

FOR INMED STAFF USE ONLY

- Student invited to interview: Yes No
- Student accepted interview: Yes No
- Student declined interview: Yes No
- Student offered UNDSMHS slot: Yes No
- Student accepted UNDSMHS slot: Yes No
- Student declined UNDSMHS slot: Yes No
- Student on alternate list: Yes No

Assigned advisor: _____

Date entered in database: _____

Entered by: _____