

# INDIANS INTO MEDICINE

University of North Dakota School of Medicine & Health Sciences



## PUBLIC HEALTH PROGRAM APPLICATION

Applications are available all year for the MPH and Indigenous Health PhD programs.

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

	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: \_\_\_\_\_

**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**

- INMED Application
- American Indian Federal Enrollment Documentation

**Return form and supporting documentation by email or mail to:**

inmed@UND.edu  
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