



OFFICE OF
GRADUATE
ADMISSIONS

SHUSTER HALL, RM 150
250 BEDFORD RK BLVD WEST
BRONX, NY 10468

Phone: 718-960-8702
Fax: 718-960-5860
www.lehman.edu

**Graduate Admission Application to the Masters in Public Health Program Code: 547
Fall _____**

Note: Lehman College does not discriminate on the basis of age, sex, race, color, creed, national origin, physical or mental disability, sexual orientation, marital status, alienage or citizenship status, or veteran's status.

Application deadline: March 1st Qualified candidates applying after that date will be considered if space permits.

Part A- Personal Information

Last Name		First Name		Middle Name		Prior Name	
Mailing Address:				Apt:			
City:		State:		Zip Code:		Country (if non-U.S.A.)	
Daytime Telephone Number: () --		Evening Telephone Number: () --		E-mail Address:			
Social Security Number: -- --		Date of Birth: Month /Day /Year		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				Immigration Status:		*OFFICE USE ONLY*	
Country of Birth _____				U.S. Permanent Resident _____			
Country Of Citizenship _____				Alien Registration (I-551) card # _____			
				<input type="checkbox"/> Other _____ Specify type of visa		Paid _____	
						Processed _____	

****Proof of immigrant or naturalized citizenship status must be shown in the Graduate Admissions Office when submitting this application. Copies of official documents are not accepted.***

"The college reserves the right to deny admission to any student if in its judgment, the presence of that student on campus poses an undue risk to the safety or security of the college or the college community. That judgment will be based on an individualized determination taking into account any information the college has about a student's criminal record and the particular circumstances of the college, including the presence of a child care center, a public school or public school students on the campus."

OVER ➡

Important Note for All Students: To be eligible for New York State resident tuition rates, you must prove that you have been a New York State resident and that you are either a U.S. citizen or permanent resident or that you possess an eligible non-immigrant status. The information requested will be used to determine if you qualify for the New York State resident rate. **A failure to answer these questions will require you to complete the City University Residency Form.**

Where were you and each of your parents born? Check one in each column?	You	Mother	Father
Born in the United States, excluding Puerto Rico or U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born in Puerto Rico or U.S. Territories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Born outside of the United States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Country you most identify with: _____

Is a language other than English spoken at home? Yes No

Which language are you most comfortable with? _____

Have you been a New York State resident for the past 12 months? Yes No

If yes, please give the month and year New York State residency began _____

Did you file a New York City/State resident income tax return during the past twelve months? Yes No

Did you file a federal income tax return during the past twelve months? Yes No

List below all your addresses *during the past five years*, starting from your *current* address and working backwards: (Attach a separate sheet of paper if necessary).

FROM				TO	COMPLETE ADDRESS:			
____	--	____	____	--	____	____	____	____
Month		Year	Month	Year	City	State	Zip Code	
____	--	____	____	--	____	____	____	____
Month		Year	Month	Year	City	State	Zip Code	

F-1 Student Visa Candidates:

Please provide contact information for the individual who will act on your behalf if you are not currently in the United States. This person will receive information about your admissions status.

Last Name:	First Name:	Mailing Address:	Apt.
City:	State:	Zip Code:	Telephone Number: () --

Part B- Educational Background

Applicants who have completed any degree or coursework at Lehman College after 1993 do not need to request a transcript from Lehman. This includes undergraduate, graduate, and non-degree courses.

Undergraduate College or University	Dates of Attendance	Major	Degree (If Applicable)	Date Conferred	GPA

Graduate or Professional Studies	Dates of Attendance	Major	Degree (If Applicable)	Date Conferred	GPA

Part C- Admissions Requirement for M.P.H. Program in Public Health

- Bachelor's degree in a health-related field from an accredited college or university, or a bachelor's degree with successful completion of relevant coursework.
- At least one year of work experience in the health field is required. Volunteer experience or internship may be considered in certain circumstances.
- Ability to successfully pursue graduate study by having attained a minimum grade average of B in the undergraduate record.
- Three letters of recommendation (at least one from a faculty member)
- A Personal statement (2 pages maximum) describing why you want to pursue a graduate degree in public health and your professional goals.
- A current resume.
- Scores from the Aptitude Section of the Graduate Record Examination or a prior master's degree from an accredited U.S. university within the past 10 years.
- If submitting documents from institutions whose language of instruction is not English, an official translation and evaluation of the transcript and competency in English as demonstrated through TOEFL scores of at least 550.

* Our accrediting organization requires certain information about our students. *For anonymous reporting purposes*, please check off all the appropriate categories:

Demographic characteristics:

- | | |
|--|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> African American |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American/Alaska Native | <input type="checkbox"/> Other: _____ |

Current employment:

- | | |
|--|--|
| <input type="checkbox"/> Department of Health and Mental Hygiene | <input type="checkbox"/> University or research organization |
| <input type="checkbox"/> Health and Hospitals Corporation | <input type="checkbox"/> Private practice |
| <input type="checkbox"/> Other hospital | <input type="checkbox"/> Nursing home |
| <input type="checkbox"/> Community Health Center/Clinic | <input type="checkbox"/> Other health care institution or organization |
| <input type="checkbox"/> Community-based organization | <input type="checkbox"/> Non-health related |
| <input type="checkbox"/> Other not-for-profit organization or foundation | <input type="checkbox"/> Unemployed |

Statement of Agreement

- I understand that all applications and supporting documents received by Lehman College become the property of Lehman College and cannot be returned or sent elsewhere.
- I hereby certify that the statements made in this application are true and complete and will be treated confidentially for institutional purposes only.
- I understand that any omission or misstatement of mine in this application, whenever discovered may result in the voiding of my admission or registration and the receipt of no credit from Lehman College.
- I understand that the application fee cannot be waived or refunded.
- I understand that the submission of the application and supporting documents does not guarantee admission to the graduate program at Lehman College.

Date: _____ Signature: _____

Applications must be signed and dated in order to be valid.