

CHICAGO STATE UNIVERSITY

**UNDERGRADUATE COMMUNITY HEALTH PROGRAM
APPLICATION FOR ADMISSION TO THE PROFESSIONAL SEQUENCE
DEPARTMENT OF HEALTH STUDIES
COLLEGE OF HEALTH SCIENCES
CHICAGO STATE UNIVERSITY**

CHECK LIST

All information is to be clearly printed. You should complete all Pre-Professional sequence courses or be currently enrolled in ALL Pre-Professional courses before applying.

Include the following:

- Current Unofficial Transcript
- Personal Statement
- Check if you have completed the following pre-professional courses:
 - _ ENG 1270
 - _ ENG 1280
 - _ PSYC 1100
 - _ ANTH 1010 or SOC 1259 (Diversity)
 - _ Foreign Language 101
 - _ Foreign Language 102
 - _ BIOL 1080
 - _ MATH (1200 or 1010 or 1020 or 1800)
 - _ CHEM 1050 or 1550
 - _ Social Sciences
 - _ FINE ARTS
 - _ CPTR 1060
 - _ CMAT 2460 or 2030 or 1130
 - _ ZOOL 2050 or BIOL 2020 (A&P I)
 - _ HSC 2190
 - _ HSC 2220/PE
 - _ HS 1575
 - _ PSLY 2040 or BIOL 2021 (A&P II)
 - _ HSC 3321
 - _ HSC 3375
 - _ HSC 2250
 - _ HSC 1104
 - _ HSC 2150
- One letter of recommendation from outside the Department of Health Studies
- Application Deadline: Fall Admission ... March 15th; Spring Admission ... Oct 15th
- Please submit the aforementioned items to the following address:

Chicago State University
Department of Health Studies
Douglas Hall 120 B
9501 S King Drive
Chicago, IL 60628

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I hereby apply for admission to the program: __ Fall Semester; __ Spring Semester 20 __
 Professional Sequence of the Community/Public Health Program

Date of Application ____/____/____ CSU ID _____-_____-_____

Name: Mr. Ms. _____
(Last) (First) (Middle) (Maiden)

Current Mailing Address: _____
(Street) (Apt. No.)

(City) (State) (Zip) (Telephone)

Permanent Address: _____
(If different from above) (Street) (Apt. No.)

(City) (State) (Zip) (Telephone)

Email Address: _____ Cell Phone: _____

In Case of Emergency Contact: _____ (____) _____
Name Telephone Relationship

EDUCATIONAL EXPERIENCE:

High school attended:

(Name) (City) (State) (Zip) \

Last/previous attendance at Chicago State University: from _____ to _____

List all colleges, secondary schools, and universities attended:

Name City State Zip From To Major Degree

PERSONAL STATEMENT:

Compose a brief essay of about **500 words, typewritten on a separate sheet**, describing the factors that influenced your decision to enter the community/public health profession and your professional aspirations following completion of the program. Please type your essay on a separate sheet.

RECOMMENDATIONS: Please, submit one completed letter of recommendation from outside of the CSU's Department of Health Studies (professional or academic-non-family relation) in sealed envelopes.

How did you learn about the Community / Public program at Chicago State University?

Are you interested in CSU's MPH program: (circle your answer) Yes No
(your responses will not have an adverse impact on your application)

STUDENT WAIVER OF ACCESS TO REVIEW RECOMMENDATION

I, the student applicant, give my consent to the College to contact the listed supervisors, coordinators and references for recommendations. With full understanding of the confidential nature of each recommendation, I hereby waive my right, present or future, to review these confidential recommendations. I also certify that all information given in the application is complete and correct.

(Applicant's Signature)

(Date)

The following information will not affect your admission status, but will assist us in preparing reports for state and federal agencies. The following information is voluntary.

Birth date: ____/____/____ **Place of Birth:** _____

U.S. Citizenship: Yes No **Other** _____

Sex: M F

Marital Status: Circle all that apply

- a. Single
- b. Married
- c. Divorced

Number of Dependents _____

What is your Ethnicity:

- a. Hispanic
- b. Non-Hispanic

What is your race:

- a. American Indian/ Alaskan Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian/other Pacific Islander
- e. White
- f. Multiracial
- g. Other _____

Submit Application package to:

**Chicago State University
Department of Health Studies
DH 120 B
9501 S King Drive
Chicago, IL 60628**

Note: The College of Health Sciences does not discriminate on the basis of sex, race, color, religion, national origin.