



APPLICATION FOR CERTIFICATE PROGRAM

UMDNJ does not discriminate in admissions or access to its programs and activities on the basis of race/color, national origin, ethnicity; religion/creed, disability; age, marital status, sex, sexual orientation, or veteran's status.

APPLICATION DEADLINES: Fall: (September) May 1st, February 15th for early decision Spring: (January) October 1st

Applications received after these dates have no guarantee that a decision will be made before the upcoming semester.

Have you ever applied to or are you currently enrolled in a UMDNJ school or program and when? _____

The UMDNJ-School of Public Health must be in receipt of completed application form, official transcripts, application fee and two current letters of recommendation by the deadlines noted before your application can be considered for admission. Upon receipt of all the required materials, your application will be forwarded to the Admissions Committee(s). Candidates must assume responsibility for all admission requirements prior to the application deadline.

Please mail your application and a non-refundable application fee of \$95.00 to the campus offering the certificate:

Newark

Mail to: UMDNJ-School of Public Health
65 Bergen St.
P.O. Box 1709, SSB 701
Newark, NJ 07101-1709
Tel: 973-972-7212
Fax: 973-972-8032

Piscataway/New Brunswick

Mail to: UMDNJ-School of Public Health
683 Hoes Lane West, Room 135, 1st floor
P.O. Box 9
Piscataway, NJ 08854
Tel: 732-235-4646
Fax: 732-235-5476

Stratford/Camden

Mail to: UMDNJ-School of Public Health
University Educational Center, Suite 1114
40 East Laurel Rd.
Stratford, NJ 08084
Tel: 856-566-2790
Fax: 856-566-2882

YOU MUST NOTIFY US IMMEDIATELY OF ANY CHANGE IN YOUR MAILING ADDRESS.

1. Name: Last Name First Middle

Other name which may appear on credentials:

Last Name First Middle

2. Email Address:

3. Current Mailing Address: valid until: (month/date/year)

Include Number, Street and Apt. Number City County / State Zip Code

4. Phone Numbers:

Home Telephone Number (incl. area code) Business Telephone Number (incl. area code)

5. Permanent Legal Address:

Include Number, Street and Apt. Number City County / State Zip Code

6. If New Jersey Resident:

County How Long? From: Month/yr. To: Month/yr.

7. Citizenship: U.S. Foreign National U.S. Resident Alien Social Security # Alien Card #: Expires: (month/date/year)

If you indicated that you are a Foreign National, please provide a permanent address in your home country in the space below.

Blank lines for providing a permanent address in your home country.



8. Optional Personal Information: Responses to these questions are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of the application

Birth date: ___/___/___ (month/date/year) Gender: Male Female

Race/Ethnic Category: Optional

- Am. Indian/Alaskan Native (E) Hispanic / Other (B) Asian/Pacific Islander (D)
Cuban (B2) Black (A) Mexican (B3)
Caucasian, Non-Hispanic (C) Puerto Rican / Commonwealth (B6) Puerto Rican / Mainland (B5)
Other (Z)

9. Education: List in chronological order all undergraduate and graduate institutions attended:

Table with 6 columns: Institution, City/State, From - To (month/date/year), Date of Degree (month/date/year), Degree Earned, Major Field. Rows 1-5.

10. Year/Term Desired: Fall Spring

11. Certificate/Campus: Select only one campus and one Certificate Program.

NEWARK CAMPUS:

- Certificate: General Public Health Clinical Epidemiology Public Policy and Oral Health Services Administration
(Print name of program, see enclosure)

PISCATAWAY/NEW BRUNSWICK CAMPUS:

- Certificate: General Public Health Environmental and Occupational Health Public Health Preparedness Clinical Epidemiology
(Print name of program, see enclosure)

STRATFORD/CAMDEN CAMPUS:

- Certificate: General Public Health
(Print name of program, see enclosure)

12. **Undergraduate grade point average:** _____, on a scale in which _____ is the highest grade.

Graduate grade point average: _____, on a scale in which _____ is the highest grade.

13. **Recommendations:** Provide names and addresses of two individuals who have consented to send recommendations.

1. _____

2. _____

14. **Work or Other Relevant Experience:** List in reverse chronological order all work or other relevant experiences. Include names and addresses of employers and responsibilities. Be sure to give dates. Attach a supplemental page if necessary. Please start here:

Current Occupation: _____

15. **Awards and Honors:** List any honors or awards you have received.

16. **Goals:** Please attach an essay/statement of approximately 250 words addressing the following:

- Your career goals and how course offerings leading to the selected certificate might help to reach them; and
- Your breadth of experience and how this experience has contributed to your personal and professional growth.



17. Applicant Agreement: I have read and understand the attached statement of Essential Functions/Technical Standards, which all students must satisfy, with or without reasonable accommodations, for the course of study for which I am applying. I acknowledge that the UMDNJ-School of Public Health has established these requirements for successful academic progress toward the degree sought. I certify that all documents and information provided by me are true, accurate and complete. Any false or misleading information may result in actions including, but not limited to, rejection of this application, discipline, dismissal or revocation of degree. In addition, I realize my acceptance may be revoked if I engage in behavior that brings into question my honesty, integrity, maturity or ethical character.

(Applicants signature)

(Date)

18. How did you hear about us: Please enter any/all of the following that are applicable, and specifically identifying newspapers, radio stations, locations of open houses, etc., where possible.

- Internet search on public health, graduate schools of public health, etc.
Specific targeted website:
http://www.sophas.com
http://www.petersons.com
http://www.umdj.edu
Other:
Newspaper/Printed Advertisement
Radio Advertisement
Recruitment Fair/Open House
Another UMDNJ School, if so which one
Other (not through an internet site):

CERTIFICATE AWARDED: All Certificates are awarded by the UMDNJ-School of Public Health.

In compliance with the Student Right to Know and Campus Security Act, UMDNJ's Annual Security Report is available from the Department of Public Safety, 335 George Street in New Brunswick, New Jersey

Nation's First Collaborative School of Public Health



UMDNJ UNIVERSITY OF MEDICINE & DENTISTRY OF NEW JERSEY

RUTGERS THE STATE UNIVERSITY OF NEW JERSEY

NJIT New Jersey's Science & Technology University

LETTER OF RECOMMENDATION

This letter of recommendation should be sent by the sponsor (person writing the letter or recommendation) to the campus indicated by the applicant in the box below. Note: All doctoral applicants need to send letters of recommendation to the Piscataway/New Brunswick Campus address.

Newark

Mail to: UMDNJ-School of Public Health
 65 Bergen St.
 P.O. Box 1709, SSB 701
 Newark, NJ 07101-1709
Tel: 973-972-7212
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 University Educational Center, Suite 1114
 40 East Laurel Rd.
 Stratford, NJ 08084
Tel: 856-566-2790
Fax: 856-566-2882

To the applicant:

It is suggested that the letter of recommendation come from former teachers, employers or professional peers *If you are a recent graduate (within the last 5 years) at least one of your letters of recommendation must be from a former professor.* Complete everything in the box below, check the appropriate location above and then give it to your sponsor with a stamped, addressed envelope. *Please note: If you are applying for Doctoral Study please send all letters to the Piscataway/New Brunswick Campus.*

Last Name of Applicant	First	Middle
Signature of Applicant		Date
Campus Selected		
<p><i>Right to Access: Public Law 93-380, Educational Amendment Act of 1974, grants students and graduates the right to access letters of recommendation. The opportunity to waive their right is also provided.</i></p> <p style="text-align: center;"> <input type="checkbox"/> I do waive the right to access this letter. <input type="checkbox"/> I do not waive the right to access this letter. </p>		

Recommendation Provider Information:

1. Personal Information:

Name: _____

Employer: _____

Address: _____

Email: _____

Phone: _____

Are you a Graduate of the UMDNJ-SPH? _____

2. How long and in what capacity have you known the applicant?

less than one year
 one year
 two years
 more than two years

3. In what capacity have you know the applicant?

student
 employee directly or indirectly under my supervision
 business associate
 friend

other _____

Recommendation:

1. To what extent has he or she demonstrated an ability to think independently?

very well
 somewhat
 not at all
 I don t know

2. How well do you think the applicant has thought out plans for graduate study?

very well
 somewhat
 not at all
 I don t know



3. **Language:** If English is not the applicant's native language, how well does (s)he understand English?

Speak English: _____

Write English: _____

If there is any language difficulty, please specify the problem: _____

4. **Please give us your appraisal of the applicant in terms of the qualities listed below and indicate the reference group used for your judgements:** _____

6. **Intellectual ability:**

- superior (top 5%) excellent (top 15%) good (top third)
- average (middle third) poor (lower third) no information

7. **Imagination and Creativity:**

- superior (top 5%) excellent (top 15%) good (top third)
- average (middle third) poor (lower third) no information

8. **Maturity:**

- superior (top 5%) excellent (top 15%) good (top third)
- average (middle third) poor (lower third) no information

9. **Written Communication skills:**

- superior (top 5%) excellent (top 15%) good (top third)
- average (middle third) poor (lower third) no information

10. **Ability in oral expression:**

- superior (top 5%) excellent (top 15%) good (top third)
- average (middle third) poor (lower third) no information

11. **Ability to analyze a problem and formulate a solution:**

- superior (top 5%) excellent (top 15%) good (top third)
- average (middle third) poor (lower third) no information

12. **Ability to work with others:**

- superior (top 5%) excellent (top 15%) good (top third)
- average (middle third) poor (lower third) no information

13. **Overall recommendation of the applicant:**

- highly recommend recommend recommend with reservations do not recommend

Open Ended Questions:

14. **What do you consider to be the applicant's main strengths in relation to his or her professional goals?**

15. **What do you consider to be the applicant's main weakness?**

16. **Do you have any other information, advice or opinions relevant to admission decision?**

