

Letter of Intent Form

Master of Public Health (MPH)

Candidate Identification

FIRST NAME

LAST NAME

STUDENT NUMBER (IF APPLICABLE)

Education Background

UNDERGRADUATE DEGREE(S)

YEAR COMPLETED (YYYY)

INSTITUTION

UNDERGRADUATE DEGREE(S)

YEAR COMPLETED (YYYY)

INSTITUTION

GRADUATE OR PROFESSIONAL DEGREE(S) (IF APPLICABLE)

YEAR COMPLETED (YYYY)

INSTITUTION

Prerequisites

STATISTICS COURSE(S) COMPLETED (TITLE)

GRADE ACHIEVED

YEAR COMPLETED (YYYY)

INSTITUTION

Official course description copied from institution web site:

STATISTICS COURSE(S) COMPLETED (TITLE)

GRADE ACHIEVED

YEAR COMPLETED (YYYY)

INSTITUTION

Official course description copied from institution web site:

- I currently do not have the undergraduate statistics or equivalent prerequisites. I intend to attend the SEPH Summer Institute to accomplish this requirement. I recognize that failure to successfully meet these requirements by the start of the first term may result in offer of admission being revoked.

Referees

NAME OF REFEREE

CONTEXT IN WHICH YOU HAVE WORKED TOGETHER

NAME OF REFEREE

CONTEXT IN WHICH YOU HAVE WORKED TOGETHER

CONTINUE TO THE NEXT PAGE

Reason for Interest in the MPH Program (Max 200 words)

What Volunteer or Paid Positions Have You Had in Public Health and What Were Your Duties (Max 200 words)

To Help Us With Our Planning

Please indicate the ONE area of concentration in the MPH program in which you are most interested.

- Public health practice Global health Public health policy Population health risk assessment

Please indicate if the MPH+ option is of interest.

- No Yes: If yes, please indicate the language of study: English French

- I am interested in applying for focused admission as an eligible First Nation, Inuit or Métis person.