

Applicant ID (dept use): \_\_\_\_\_

**CSULB Department of Health Science  
Doctor of Public Health Degree Program  
Application Form**

Full Name of the Applicant (First/given name(s) LAST/SURNAME): \_\_\_\_\_

Desired Start Year (e.g 2025, all students begin in the fall term): \_\_\_\_\_

Check 1: Full time \_\_\_ Part Time: \_\_\_

DrPH Concentration: \_\_\_\_\_ (PHIT, Global Health, Management and Policy)

**1. Application Checklist:**

- ☐ Letter of Intent
- ☐ Transcripts from all institutions
- ☐ CSU Application form
- ☐ DrPH Application form (this form)
- ☐ CV/ Resume
- ☐ 3 letters of recommendation
- ☐ Statement of Purpose and personal history statement
- ☐ Employer support statement or Applicant Statement regarding plan for meeting professional and academic obligations
- ☐ TOEFL Scores (if applicable) (for Intl students 90 Points is passing)

**2. Please answer each of the following questions to confirm that you meet all of the minimum admission criteria:**

- a. I confirm that I meet all of the minimum application criteria for the DrPH program (graduate GPA of at least 3.0, MPH or equivalent graduate degree, 1 year of relevant experience): yes\_\_\_ no, but I would like to be considered for conditional admission\_\_\_
- b. Please list your cumulative Graduate GPA (for your highest degree): \_\_\_\_\_
- c. Do you have a Master of Public Health Degree (MPH) from an accredited program:
  - i. yes\_\_\_ (skip to section d) no\_\_\_
  - ii. If no, what is your graduate degree (e.g. MD, MPA, MA, MS, JD etc.): \_\_\_\_\_
  - iii. Field of study for graduate degree: \_\_\_\_\_
  - iii. Do you have a second graduate degree you would like to list: yes\_\_\_ no\_\_\_
    - 1. Graduate Degree 2: \_\_\_\_\_
    - 2. Field of Study for Graduate Degree 2: \_\_\_\_\_

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iv. Please indicate your academic preparation for advanced doctoral training in public health through the completion of courses that meet the core requirements for Master's level public health training (only complete this question if you do NOT have an MPH from an accredited program):

1. Biostatistics: yes\_\_\_ no\_\_\_
  - a. Course name/year: \_\_\_\_\_
2. Epidemiology: yes\_\_\_ no\_\_\_
  - a. Course name/year: \_\_\_\_\_
3. Research Methods: yes\_\_\_ no\_\_\_
  - a. Course name/year: \_\_\_\_\_
4. Environmental Health: yes\_\_\_ no\_\_\_
  - a. Course name/year: \_\_\_\_\_
5. Theoretical Concepts and Issues in Public Health: yes\_\_\_ no\_\_\_
  - a. Course name/year: \_\_\_\_\_
6. Community Analysis and Program Planning: yes\_\_\_ no\_\_\_
  - a. Course name/year: \_\_\_\_\_

d. Do you have at least 1 year of full-time relevant experience in public health (internships count and 2 years of part time experience = 1 year full-time) yes\_\_\_ no\_\_\_

- i. Total Years of relevant full-time experience: \_\_\_\_\_
- ii. Please provide the job title: \_\_\_\_\_ and employer \_\_\_\_\_ for main employment experience used to fulfill this requirement. Additional relevant experience used to meet or exceed this requirement should be listed in your CV/Resume