



CHICAGO STATE UNIVERSITY

DEPARTMENT OF PUBLIC HEALTH

COLLEGE OF HEALTH SCIENCES

Bachelor of Science in Public Health Application for Admission

CHECKLIST

Students interested in pursuing a Bachelor of Science in Public Health must first be accepted to Chicago State University and completed or are currently enrolled in all pre-professional courses before applying.

Application packets must include:

- A completed typewritten application
- Resume
- Two letters of recommendation
- Personal statement
- Please check each box to indicate you have completed the following pre-professional courses.

College of Health Sciences/Department of Public Health Core Courses (9 credits)

- HSC 2150
- HSC 2190
- HSC 3321

English Composition (6 credits)

- ENG 1230 or 1270
- ENG 1240 or 1280

Free Electives (6 Credits)

- _____
- _____

Humanities and Fine Arts (9 Credits)

- PHIL 1020 or PHIL 1030
- Fine Arts Elective
- Humanities or Fine Arts elective

Math (3 credits)

- MATH 1200 or Higher level college-level math course: _____

Natural Sciences (15 - 16 credits)

- BIOL 1080
- BIOL 2020
- BIOL 2021
- CHEM 1400 and 1410 or CHEM 105

Oral Communication (3 credits)

- CMAT 1130 or CMAT 2030

Social and Behavioral Sciences (9 Credits)

- ANTH 1010 or SOC 1250
- PSYC 1100, PSYC 2000, or SOC 1010
- PSYC 1100, PSYC 2000, or SOC 1010

Please email the aforementioned items to
Dr. George R. Smith, Jr.
gsmith33@csu.edu



DEPARTMENT OF PUBLIC HEALTH
 COLLEGE OF HEALTH SCIENCES
 Bachelor of Science in Public Health
 Application for Admission

All information is to be typewritten. Before applying, you should complete all pre-professional courses or be currently enrolled in ALL pre-professional courses.

I hereby apply for admission to the program: Fall Semester 20 _____

Date of Application: _____ CSU ID: _____

First Name	Middle Name	Last Name	Maiden Name

Current Mailing Address

Street	Apt. No.

City	State	Zip Code	Phone

Permanent Mailing Address (If different from above)

Street	Apt. No.

City	State	Zip Code	Phone

Email Address	Cell Phone

In Case of Emergency Contact

Name	Relationship	Phone

The following information is voluntary and will not affect your admission status.

Date of Birth	Place of Birth	U.S. Citizen+	Sex++

+U.S Citizen: Yes or No ++ Sex: Female or Male

Marital Status*	Number of Dependents	Race**	Ethnicity***

*Marital Status: Divorced, Married, Single

**Race: African American/Black, American Indian/Alaskan Native, Asian, Multiracial, Native Hawaiian/Other Pacific Islander, Other, White

***Ethnicity: Hispanic, Non-Hispanic

EDUCATIONAL INFORMATION

High School

Name	City	State	Zip Code

College/University

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

List all colleges and universities attended:

Name	City, State	Zip Code	From - To	Major	Degree

PERSONAL STATEMENT

Compose a **five hundred (500) words minimum typewritten** personal statement (in APA 7th Edition Format) describing the factors that influenced your decision to enter the public health profession and your professional aspirations following completion of the program.

RECOMMENDATIONS

Please submit two letters of recommendation (two academic or one academic and one professional) in sealed envelopes. No references from family members will be accepted.

How did you learn about Chicago State University’s Bachelor of Science in Public Health program?

STUDENT WAIVER OF ACCESS TO REVIEW RECOMMENDATION

I, the student applicant, give my consent to the College of Health Sciences to contact the listed supervisors, coordinators, and references for recommendations. With a 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 Signature)

(Date)

STUDENT PHOTO AND LIKENESS WAIVER

I authorize Chicago State University to copy, reproduce or publish my photograph or likeness and/or oral statement for the purpose of illustration, advertising, display, audiovisual, and public relation purposes.

(Applicant Signature)

(Date)

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