

TULANE UNIVERSITY

School of Public Health and Tropical Medicine

Tulane University is an Affirmative Action/Equal Opportunity Employment institution, and consequently its policy of nondiscrimination includes recruitment, employment, retention, and promotion of the most qualified students, faculty and staff, regardless of race, sex color, religion, national/ethnic origin, age, handicap, or veteran's status. Inquiries concerning this policy should be referred to the Affirmative Action Office of the University

APPLICATION FOR: Fall Spring Summer Year

IDENTIFICATION INFORMATION

U.S. Social Security Number

Name

(LAST) (FIRST) (MIDDLE) (JR, III, etc. Include Professional titles)

Present Address

(NUMBER AND STREET) (APT. NO.) (CITY)

(STATE) (ZIP CODE) (COUNTRY, If other than US) Address effective until:

Present Telephone () Business Telephone () Permanent Telephone ()

E-mail Address FAX Number ()

Permanent Address

(NUMBER AND STREET) (APT. NO.) (CITY)

(STATE) (ZIP CODE) (COUNTRY, If other than U.S.)

IN CASE OF EMERGENCY, CONTACT:

Name:

Address:

Telephone:

E-mail:

Has any member of your family attended or graduated from Tulane? Yes No

If yes, what is the name of this person.

BIOGRAPHIC/DEMOGRAPHIC INFORMATION (ALL applicants must fill in birth date for immunization information. Other bio/demo information is optional for U.S. Citizens ONLY. Foreign nationals must provide the information for visa clearance.)

Biographic/demographic information is used by the school for statistical purposes only. This information is voluntary; and will be used in a non-discriminatory manner, consistent with applicable Civil Rights Laws.

U.S. Citizen Birthday / / Sex: Male Female

Country (if other than U.S.) Place of Birth

City State Country

Fluency in English is required. If English is not your native language, a TOEFL score is required. Date taken: _____

Check one of these boxes for ethnic origin:

_____ African/American, Non-Hispanic _____ Native American/Alaskan Native _____ Asian or Pacific Islander
_____ Hispanic/Latino _____ Caucasian/Euro-American/White _____ Non-resident Alien

EDUCATION

Admission to Tulane requires that you provide official transcripts from all schools attended. List below those schools you have previously attended and those you are currently attending. Give the most recent school first.

Name of College (including location or branch and major field. Include Tulane if necessary).	Dates (Month/year) From To	Degrees Pursued	Earned Credit-Hours	Degrees Earned Y/N	Grade Pt.Avg./Scale

Please list all honors, prizes, scholarships or fellowships received on an attached sheet.

Please indicate the program in which you wish to enroll:

____MPH (Master of Public Health) in Clinical Research

Please attach a detailed description of your academic career plans and research experience to your application. Please give your present occupation, title, address and date of appointment (attach your CV):

List all other positions held (specify title, organization and dates):

1. _____
2. _____

FINANCIAL AID (U.S. CITIZENS ONLY)*

Do you wish to have financial aid information sent to you? Yes ____ No ____

Please state sponsoring agency, if any. Give the name of a contact person, address and telephone number:

*TO REQUEST A FINANCIAL AID PACKET, PLEASE CONTACT THE TULANE UNIVERSITY OFFICE OF FINANCIAL AID AT (800) 676-5389 OR (504) 585-6135. All international students must include adequate financial support documentation and/or sponsorship information.

REFERENCES: Each applicant must provide references from three professional persons with whom he or she is personally acquainted. Letters are preferred. With your application, please send all three recommendation letters in sealed envelopes with the signature of the recommender on the seal of the envelope. A composite reference, if available from faculty members at your undergraduate institution, may be substituted for three separate references.

My signature below indicates that all the information contained in my application is factually correct and honestly presented.

Signature _____ Date _____

Send application with \$50 non-refundable fee payable to Tulane Educational Fund

If you do not hear from the Office of School of Public Health and Tropical Medicine Admissions and Student Affairs within 30 days, please check to see if your file is complete.

Send all application materials to:

Stephanie Colbert
 Senior Program Coordinator, K30 Program
 1430 Tulane Avenue, SL-68
 New Orleans, LA 70112
 (504)988-9867