

**UNIVERSITY OF SOUTH FLORIDA
COLLEGE OF PUBLIC HEALTH**

**SUPPLEMENTAL APPLICATION FORM
PH.D. PROGRAM**

I. Personal Data

Date _____

Please return this form as soon as possible to facilitate the processing of your application. This information is needed by the department before action will be taken on your admission.

Name: _____ ID# U- _____

Please Print

Address: _____
City State Zip

Telephone: () () _____
Home Office E-Mail address

Florida resident? ____ Yes ____ No State of Florida Employee? ____ Yes ____ No

Occupation: _____

II. Department Applying to: (Check one)

<input type="checkbox"/>	COMMUNITY AND FAMILY HEALTH
<input type="checkbox"/>	HEALTH POLICY AND MANAGEMENT
<input type="checkbox"/>	GLOBAL HEALTH

<input type="checkbox"/>	ENVIRONMENTAL AND OCCUPATIONAL HEALTH
<input type="checkbox"/>	EPIDEMIOLOGY AND BIOSTATISTICS

Intended Area of Concentration: _____

III. List courses taken in Public Health:

Course Institution Date

IV. Computer Skills - List Specific Names of Software Programs (Spreadsheets, Statistical Programs, Databases, Word Processing, etc.) that you are capable of using and indicate your skill level in the box (1-have used, but not proficient, 2-moderately proficient, 3-Very proficient).

<input type="text"/>	INTERNET	<input type="text"/>	Database:
<input type="text"/>	E-MAIL	<input type="text"/>	Word Processing:
<input type="text"/>	Spreadsheets:	<input type="text"/>	
<input type="text"/>	Statistics:	<input type="text"/>	

Each applicant must also provide:

- A detailed personal statement
- A graduate level term paper, thesis or research paper
- A curriculum vitae
- Two letters of recommendation (three for Community and Family Health)

See web site for more detailed information on application requirements:
<http://publichealth.usf.edu/degreeeqs.html>

Please return to:

**Beverly S. Sanchez
USF College of Public Health
13201 Bruce B. Downs Blvd.
Tampa, FL 33612-3805
(813) 974-6609 Suncom 574-6609 Fax (813) 974-8121**

USF COLLEGE OF PUBLIC HEALTH DATA REQUEST

City/Town

County

State

Zip

Date of projected admission: _____

Federal grants and other research application often request data concerning students from disadvantaged backgrounds or medically under-served communities. The following questions will assist us in collection and reporting this data. Completion of the questions however, is entirely voluntary. This information is held in strict confidence and not identified by your name.

1. Disadvantaged/low-income: The pre-admission income status of the student's family is used in conjunction with family size. Low-income threshold levels are as follows:

Size of Family	Income Level 48 contiguous states and D.C.	Income Level Alaska	Income Level Hawaii
1	\$ 9,310	\$11,630	\$10,700
2	\$ 12,490	\$15,610	\$14,360
3	\$ 15,670	\$19,590	\$18,020
4	\$ 18,850	\$23,570	\$21,680
5	\$ 22,030	\$27,550	\$25,340
6	\$ 25,210	\$31,530	\$29,000
7	\$28,390	\$35,510	\$32,660
8	\$31,570	\$39,490	\$36,320
For each additional person, add	\$3,180	\$3,980	\$3,660

1. Please check one of the following:

_____ Based on the above criteria, my family qualifies for disadvantaged/low-income status.

_____ No, my family does not qualify for a disadvantaged/low-income status.

Please return completed form

Resume Guide for Applicants to the College of Public Health

Note: The following is the information to be included in your resume, although you are not required to use the following format. Delete categories that are not relevant.

1. Name, address, telephone numbers, email
2. Education
 - degree(s) and specialization or courses taken
 - institution
 - year graduated
 - significant non-credit courses or academic certificates
- 3 Licenses/certifications
 - type
 - state
 - dates acquired
4. Professional experience
 - position and title
 - work dates
 - name of organization
 - location-city and state
 - brief description of job responsibilities (1-3 sentences)
5. Publications and research
 - full citation for published work
 - research projects you have participated in (describe in 1-2 sentences)
 - grants written, dates, dollar amount and your role
6. Awards
 - name of award
 - date
 - granting agency
7. Professional organizations and community service
 - name
 - city, state (if appropriate)
 - role in organization-e.g., board member, president, etc.
 - dates of membership
 - 1-2 sentence description of any special contribution if appropriate
8. Miscellaneous
 - languages spoken other than English (indicate your proficiency)
 - computer proficiency
 - military duty
 - other relevant information