

**Wright State University Master of Public Health
Supplementary Application**

Name: _____

Address: _____

Phone: _____

Email: _____

Preferred Specialty Area:

Emergency Preparedness

Global Health

Health Promotion & Education

Public Health Management

Application Completion Information:

September (fall) 20____ January (winter) 20____ March (spring) 20____ June (summer)20____
Indicate month and year you wish to enroll if admitted:

School of Graduate Studies:

Application Completed: Yes No

Date Applied: _____

M.P.H. Program Additional Information

To complete your M.P.H. Supplemental Application, please put your statement in a Microsoft Word document. You may include it with your other application materials or send it as an e-mail attachment to pam.mondini@wright.edu. Be sure to include your full name and an e-mail address where you can be contacted in the body of your e-mail message.

Personal Statement (maximum of 500 words)

A personal statement articulating the applicant's career goals as related to the completion of the M.P.H.

**Send completed application to: Pam Mondini, Master of Public Health Program,
Wright State University Center for Global Health Systems, Management, and Policy,
3123 Research Boulevard, Suite 200, Kettering, OH 45420 or fax to (937) 258-5544**