



Morehouse School of Medicine
Master of Public Health Program

Prospective Student Information Form

Please Print Clearly

Date: _____

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Best time to call: _____

Email: _____ @ _____

Classification (Please select all that apply):

- Undergraduate student
Expected Graduation Month & Year: _____
- Recent college graduate (graduated within the past 3 years)
- College graduate with less than 2 years work experience
- Working professional
- Former working professional
- Physician Resident

Program of Interest (Please select all that apply):

- MPH Degree
- MPH/MD
- MPH/Preventive Medicine Residency
- Certificate Program
- Special Status Student Program

Concentration area of interest for the MPH Degree:

- Epidemiology
- Global Health
- Health Administration, Management & Policy
- Health Education/Health Promotion

Please email this form to mphprogram@msm.edu.

Office Use Only

Initial Contact Date: _____ Follow-up Date: _____ Enrollment Date: _____

Comments: _____