



University of Pennsylvania: Master of Public Health Program

## MD/MPH Application

Last Name		First Name		Middle Initial	
Permanent Address		City		State	Zip Code
Email		Telephone Number		Date of Birth	
Country of Citizenship	If non-US citizen, what type of visa do you hold?		Primary Language		
Penn ID		Current Year			

### Checklist for Application Submission

Unofficial Medical School Transcript(s)

List of all graduate level courses and grades. Please indicate courses taken at Penn and whether any were taken using the "Additional Course Policy."

Resume or Curriculum vitae

General Application Essay: Why do you think it is important to supplement your medical training with an MPH and how will this help you meet your career goals?

MD/MPH Scholarship Essay: There is competitive funding available for the MD/MPH program. This funding is limited to students who will be able to immerse themselves in the public health world. To apply for this funding, please include an additional essay that describes some of the public health experiences you hope to pursue during your time as an MPH student.

Two letters of recommendation, with at least one from a current faculty member. Address letter to Dr. Hillary Nelson. Your references must send recommendation letters directly to Nick Van Meter ([nickvm@pennmedicine.upenn.edu](mailto:nickvm@pennmedicine.upenn.edu))

SUBMIT YOUR APPLICATION AND MATERIALS TO:

Nick Van Meter

Email: [nickvm@pennmedicine.upenn.edu](mailto:nickvm@pennmedicine.upenn.edu)

Administrative Coordinator, MPH Program

Anatomy-Chemistry Building Room 148

QUESTIONS?

If you have any questions about the MPH program, application process, or funding opportunities, please contact Dr. Hillary Nelson at [hnelson@pennmedicine.upenn.edu](mailto:hnelson@pennmedicine.upenn.edu).



*Your answers to the questions below are confidential and voluntary. Answering the question or the omission of an answer will not influence the University's decision on admission.*

Gender: Male      Female      Other      Decline to State

Do you consider yourself to be of Hispanic or Latino Origin? Yes      No

If yes, please check all that apply below:

Central America	South America
Cuba	Spain
Mexico	Puerto Rico
Other: _____	

Please select one or more of the following groups in which you consider yourself to be a member:  
American Indian or Alaska Native (including all Original Peoples of the Americas)

Which best describes your background?

Alaska Native	Navajo
Chippewa	Sioux
Choctaw	Cherokee
Other: _____	

Asian (including Indian subcontinent and Philippines)

Which best describes your background?

China	Philippines
India	Vietnam
Japan	Korea
Pakistan	

Other East Asia: \_\_\_\_\_

Other Indian Subcontinent: \_\_\_\_\_

Other Southeast Asia: \_\_\_\_\_

Black or African American (including Africa and Caribbean)

Which best describes your background?

U.S./African American	Africa
Caribbean: _____	

Other: \_\_\_\_\_

Native Hawaiian or Other Pacific Islander (Original Peoples)

Which best describes your background?

Guam	Samoa
Hawaii	

Other Pacific Islander (excluding Philippines):

\_\_\_\_\_

White

Which best describes your background?

Europe

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Decline to State

Check if any of the following apply to you:

- I graduated from a high school from which a low percentage of seniors receive a high school diploma.
- I graduated from a high school at which many of the enrolled students are eligible for free or reduced price lunches.
- I am from a family that receives public assistance (e.g. Aid to Families with Dependent Children, food stamps, Medicaid, public housing) or I receive public assistance.
- I am from a family that lives in an area that is designated as a Health Professional Shortage Area or a Medically Underserved Area.
- I participated in an academic enrichment program funded in whole or in part by the Health Careers Opportunity Program.
- I am a high-school drop-out who received AHS diploma or GED.
- I am from a school district where 50% or less of graduates go to college or where college education is not encouraged.
- I am the first generation in my family to attend college (neither my mother nor my father attended college).
- I am the first generation in my family to graduate college (neither my mother nor my father graduated college).
- I have a diagnosed physical or mental impairment that substantially limits my participation in educational experiences and opportunities offered by a college.
- English is not my primary language.
- I was accepted to the health professions program after academic reassessment at the completion of remedial courses.

To determine if you come from an economically disadvantaged background, you are asked to compare your parental family's size of household (number of exemptions listed on parent's Federal 1040 income tax forms) and adjusted gross income against the chart provided in the link below. The chart is based on 200 percent of Federal low-income poverty guidelines. You should use your parent's most recent tax forms regardless of age. [Please click here for guidelines.](#)

Your parent's family income falls within the table's guidelines and you are considered to have met the criteria for economically disadvantaged: Yes      No

Academic Integrity/Mandatory Question

Have you ever been placed on probation, dismissed or suspended from any college or university for reasons pertaining to academic integrity? Yes      No

*If Yes, please describe below:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Conviction: If you have ever been convicted of, or pled guilty, or no contest, to any felony or misdemeanor (excluding minor traffic violations) follow this secure link: <https://medley.isc-seo.upenn.edu/gradAdmissions/jsp/fast.do?fastStart=priorConvictions> and provide further information on a confidential basis. *Note: certain criminal convictions may prohibit you from obtaining social work, nursing, teaching, counseling, or school administrator licensing or employment and will limit your field placement options. For further information, refer to your state's licensing board.*

*Your signature below authorizes the MPH Program Office to seek verification of any information you provide.*

By checking this box, you are attesting to the accuracy and validity of the information provided in this application. The application will not be accepted without a check mark in this box. Any falsified information will result in immediate disqualification for consideration for admission or withdrawal from the Program if admission has already been granted.

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Signature

Date of Application

#### Nondiscrimination Statement

The University of Pennsylvania values diversity and seeks talented students, faculty and staff from diverse backgrounds. The University of Pennsylvania does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, religion, creed, national or ethnic origin, citizenship status, age, disability, veteran status or any other legally protected class status in the administration of its admissions, financial aid, educational or athletic programs, or other University-administered programs or in its employment practices. Questions or complaints regarding this policy should be directed to the Executive Director of the Office of Affirmative Action and Equal Opportunity Programs, Sansom Place East, 3600 Chestnut Street, Suite 228, Philadelphia, PA 19104-6106; or (215) 898-6993 (Voice) or (215) 898-7803 (TDD).