

Health Management and Policy Supplement

Only to be completed by those applying to the Health Management and Policy MPH or MHA programs.

Last name _____ First name _____ Middle _____

A Please indicate the program to which you are applying

____ MPH ____ MHA ____ MHA/MBA ____ MHA/MPP ____ OJ/OC

See program descriptions for information and application procedures for each of these programs.

B Why do you wish to study health management and policy?

C What are your long-range career objectives? e.g., the kind of health services organization or health services activity, public health policy, geographic location, etc. **Why?**

D What other career possibilities did you consider before health services or health policy, and why did you reject them?

E If you have had experience in the health field, please describe it briefly.

F Please list the significant extracurricular or community service activities.

G Please comment on anything else that you think would strengthen your application.

Optional

H What resources did you use to explore the field? (e.g. administrators, university counseling centers, books, journals, etc.)

I How did you learn of our master's program?

J What criteria did you use to select the University of Michigan Master's Program in Health Management and Policy and similar programs in the other schools to which you applied?