



**Certificate in the Foundations of Public Health
University of Michigan School of Public Health**

Office of Academic Affairs: Registrar's Office

1415 Washington Heights, 1700 SPH I, Ann Arbor, MI 48109-2029

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APPLICATION FOR READMISSION

(Submit this form to the *ÔØÚP*)

<p>1. UMID _____</p> <p>2. Last/ Family Name: _____ First: _____ Middle: _____ Other: _____</p> <p>3. Male _____ Female _____</p> <p>4. Birthdate: _____</p> <p>5. Birthplace (City, State/Country): _____</p> <p>6. <i>Check One:</i> Citizenship: U. S. Citizen _____ U. S. Permanent Resident _____ Perm.Res.Reg.No.: A _____ Country of Citizenship, if not U.S.: _____ Visa: _____</p>	<p>8. Permanent Mailing Address (valid until: _____) Street, Apt. Number: _____ City, State, Zip Code: _____ Country: _____ Daytime telephone: Area Code/Number: _____ Email Address: _____</p>
<p>7. Current Mailing Address (valid until: _____) Street, Apt. Number: _____ City, State, Zip Code: _____ Country: _____ Daytime telephone: Area Code/Number: _____ Email Address: _____</p>	<p>9. Program when last enrolled in SPH: _____ Last Term of Enrollment: _____</p>
<p>10. Program of Original Application: _____ Plan: _____</p>	<p>11. Program Level (check one): CFPH _____ Do you plan to continue for a Masters Program? Yes _____ No _____ Undecided _____</p>
<p>12. Term of Proposed Enrollment (complete year): Fall 20 _____ Winter 20 _____</p>	

13. Education: List all institutions from which you have received or will receive a degree. In addition, list all other post-secondary institutions attended. Submit one official transcript from each institution attended to the department to which you are applying (not necessary for change of degree level).

Institution	Location (city, state/country)	Major Field	Degree/Diploma	Dates Attended

14. List all employment or other activities for the previous 3 years:

Employer	City, State/Country	Position/Title	Dates: From-To

15. List significant scholarships and fellowships previously awarded as a graduate or as an undergraduate student.

Award	Title	Institution	Dates of Academic Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. List major academic recognition, honors and memberships including honor societies.

17. I certify that the information in this application is true and complete. I understand that misrepresentation may be cause for cancellation of this change of status. I understand all credentials and documents I submit become property of the University of Michigan.

Signature _____ Date _____

Space Below for School Use Only

TO BE COMPLETED BY THE PROGRAM CHAIR:

VERIFY accuracy of term, program, and degree level stated above. Change them if they do not agree with your decision.

ADMISSION:

Regular _____

Conditional _____

Lack of Preparation _____

Probationary _____

WITHDRAWAL:

Application was incomplete _____ Student requested withdrawal _____

Application received too late _____ Other _____

DENIAL:

Applicant's overall qualifications are not as strong as those admitted. _____

PROGRAM SIGNATURE _____ **DATE** _____

NOTES BY THE OFFICE OF ACADEMIC AFFAIRS:

OAA DIRECTOR'S SIGNATURE _____ **DATE** _____