



B.S. PUBLIC HEALTH APPLICATION



BACHELOR OF SCIENCE (B.S.) IN **PUBLIC HEALTH**

Program Application



Department of
Public Health, Health Administration & Health Sciences
College of Health Sciences
Tennessee State University
Avon Williams Campus
330 10th Ave. N.
Suite D 400
Nashville, Tennessee 37203-3401

Personal Goals Statement

(Please type)

TO: All Applicants

FROM: Dr. Elizabeth Brown
Elizabeth Brown, Ph.D., MSPH, NHA

Associate Professor and Interim Department Chair

DATE:

RE:

Letter of Recommendation

Please print or type your name on the attached form and give one copy of the recommendation form to each person you would like to provide you with a recommendation. As soon as we receive the letter of recommendation and other required documents, the Public Health Admissions Committee will provide you with a prompt decision regarding the status of your application to the Public Health Program.

RE: _____

(Applicant, please print or type your full name)

Dear Sir/Madam:

The person who sent you this letter is applying for admission into the undergraduate program in Public Health. If the applicant is accepted and successfully completes the four-year program of study, the Bachelor of Science Degree in Public Health will be conferred by Tennessee State University.

Please take a moment to provide the Public Health Admissions Committee with your frank and unbiased opinion about the applicant's potential leadership, academic ability, emotional make-up, character, personality, motivation and maturity. If the applicant is your former or present employee, please provide an evaluation about his/her employment history. If the applicant is a former student, we would like to know if the applicant is capable of successfully completing the program of study. Enclose the recommendation in a sealed envelope, sign across the back of the envelope, and give it to the student to include in the admission packet or mail directly to me. You may also e-mail it to: Mrs. Jordan Romero (Grover) at jgrover@tnstate.edu.

All information you provide will be held in strict confidence. No action will be taken by the Admission Committee until we have received references. Therefore, we would appreciate a timely response.

Sincerely,

Dr. Elizabeth Brown
Elizabeth Brown, Ph.D., MSPH, NHA
Associate Professor and Interim Department Chair

Tennessee State University
College of Health Sciences
Department of Public Health, Health Administration and Health Sciences
Evaluation and Recommendation
Public Health Program

Section I: To be completed by the applicant (please print or type)

Last Name	First Name	Middle Name
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Local Address	City	State	Zip Code
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Permanent Address	City	State	Zip Code
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I have requested that this evaluation and recommendation form be completed by the recommender for the admission process by the Admissions Committee in the Department of Public Health, Health Administration, and Health Sciences at Tennessee State University.

Student's Signature	Date
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Section 2:

To be completed by the recommender:

Utilizing the scale below, please indicate your opinion by circling the number beside each statement which appropriately expresses your opinion of the applicant.

	(1) Poor	(2) Fair	(3) Average	(4) Above Average	(5) Exceptional	
5	4	3	2	1		Personal integrity
5	4	3	2	1		Social and emotional maturity
5	4	3	2	1		Ability to work well with others
5	4	3	2	1		Promise of professional growth
5	4	3	2	1		Leadership qualities
5	4	3	2	1		Oral communication skills
5	4	3	2	1		Written communications skills
5	4	3	2	1		Perseverance toward attaining goals

How long have you known the applicant and in what capacity?

Please feel free to write any additional comments which will help the Admissions Committee make its decision.

Indicate the strength of your overall endorsement by checking the appropriate box.

Do not recommend Recommend with reservations Highly recommend

To be completed by the recommender.

Name (please print or type) _____

Address _____

Telephone Number _____

Signature _____

Title _____

Organization _____

Date _____

Please return the completed form to the student in a sealed envelope or mail directly to:

**Department of Public Health, Health Administration and Health Sciences
College of Health Sciences
Tennessee State University
330 10th Avenue North
Suite D-400
Nashville, TN 37203-3401**

Or e-mail to: Mrs. Jordan Romero (Grover) at jgrover@tnstate.edu

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