

Dear Prospective Public Health Informatics Student,

Thank you for your interest in the Online Public Health Informatics Program. Attached is the application for admission. Please complete the attached application and return it to the Single Point Of Contact Office (SPOC):

By Mail:  
SPOC-PHI  
1130 Mitchell Building  
College Park, MD 20742

By fax: 301-314-7915

In order to be considered for admission, you must also **submit official transcripts** from all previous institutions. Please have them sent in sealed envelopes to SPOC:

By Mail:  
SPOC-PHI  
1130 Mitchell Building  
College Park, MD 20742

*Faxed transcripts will be considered unofficial and therefore will not be considered part of an official application packet.*

Please contact SPOC if you have any questions about the application process:

**SPOC (Single Point of Contact)**

E-mail: [spoc@umd.edu](mailto:spoc@umd.edu) (preferred)

Phone: 301-314-7932

1-877-989-7762 (ask for Meridith)

Fax: 301-314-7915

Ground Mail:

SPOC-PHI  
1130 Mitchell Building  
College Park, MD 20742

Best regards,  
Meridith Phillips  
Manager, SPOC

Questions? E-mail [spoc@umd.edu](mailto:spoc@umd.edu) Call 301-314-7932 or 1-877-989-SPOC

There is a non-refundable \$60 application-processing fee. This fee will be assessed regardless of your decision to register for or complete courses. Please attach a check or money order made payable to the University of Maryland. Write your Social Security Number on your check or money order. Or, you may pay by credit card in the box to the right.

Have you ever applied to our Graduate School before either as an Advanced Special or Degree Seeking Student?  Yes, Year \_\_\_\_\_  No

If you wish to use your credit card, check one and provide information requested below:



Customer Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**U.S. SOCIAL SECURITY NUMBER**

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**G R A D**

**Spring**

**2006**

Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Other \_\_\_\_\_

Present Address:

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Street \_\_\_\_\_ Email Address: \_\_\_\_\_

City \_\_\_\_\_ State or Country \_\_\_\_\_ Zip Code \_\_\_\_\_ MD County \_\_\_\_\_

Sex:  Male  Female

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check one:

- Advanced Special Student (select a category below)
- Bachelor's Degree with 3.0 GPA
  - Master's or Doctoral Degree
  - Test Scores, indicated below
- Visiting Graduate Student (If you are currently enrolled in another institution select this category and submit a letter of good standing and permission to enroll from that institution.)

Citizenship:

- U.S.  
 Non-U.S.

Non-U.S. Citizens or Permanent Immigrants:

Country of Citizenship \_\_\_\_\_  
City and Country of Birth \_\_\_\_\_  
Type of Visa \_\_\_\_\_  
Permanent Alien Registration \_\_\_\_\_  
Date of Issue \_\_\_\_\_

This information is solely for the purpose of determining compliance with Federal civil rights law. Your response will not affect consideration of your application.

American Indian/Alaska Native  Hispanic  Asian/Pacific Islander  Black, not of Hispanic origin  White  Other \_\_\_\_\_

List in chronological order all colleges, universities or other institutions of higher learning which you have attended, including the University of Maryland. An official transcript is required for Advanced Special Student status; an unofficial copy may be attached to expedite the summer registration process. Visiting graduate student applicants must submit a letter of permission from their dean indicating they are in good standing and that UM credits will be accepted for transfer.

Name of Institution	Location	From	To	Major	Degree	Date Awarded/Expected	Overall Average

- A) Are you in good standing at all previous institutions and eligible to return, including the University of Maryland?  No  Yes
- B) Has disciplinary action been initiated or taken against you at any of the institutions attended, including the University of Maryland?  No  Yes
- C) Have you ever been indicted for, pleaded guilty to, or been found guilty of any criminal offense excluding minor traffic violations?  No  Yes
- If you answered no to A or yes to B or C, please attach a statement describing the situation and its resolution.

If appropriate, please complete the following and have the testing agency send OFFICIAL test results to the Graduate School. If you have not taken the required examination, indicate when you plan to do so. Our institution code is 5814.

Graduate Record General (Aptitude) (GRE) Date \_\_\_\_\_ Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_  
 Miller Analogies Test (MAT) Date \_\_\_\_\_ Score \_\_\_\_\_  
 Graduate Management Admissions Test (GMAT) Date \_\_\_\_\_ Score \_\_\_\_\_  
 Test of English as a Foreign Language (TOEFL) Date \_\_\_\_\_ Score \_\_\_\_\_  
 (A TOEFL score report must be submitted by all applicants whose native language is not English unless they have a degree from an accredited U.S. institution of higher education.)

FOR OFFICE USE ONLY

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I certify that the information on this application is complete and correct. If it is not, I understand that cancellation of admission and registration may result. I agree to abide by the rules, policies and regulations of the University of Maryland. By signing this document I agree to pay the \$60.00 application fee.

10. \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date