



MICHIGAN STATE UNIVERSITY

Department of Epidemiology and Biostatistics

Application for Admission to EPIDEMIOLOGY CERTIFICATE PROGRAM

Please send directly to:

Department of Epidemiology and Biostatistics
909 Fee Road Room B603
East Lansing, MI 48824

To be completed by Applicant (Please type or print legibly in ink)

Form with 11 numbered sections: 1. Last name, first name, middle name; 2. Sex; 3. Permanent mailing address; 4. Date of Birth; 5. Temporary (current) mailing address; 6. e-mail address; 7. Year you wish to enroll; 8. State of legal residence; 9. Place of birth; 10. Country of present citizenship; 11. Previous application/registration at MSU.

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**12. List all educational institutions you have attended beyond high school. Attach a separate sheet if necessary. Have ONE official transcript of all college work from each institution forwarded directly to the Department of Epidemiology.**

Undergraduate (postsecondary)		Dates attended				Graduation		Number of credits
Institution	City/State	Mo.	Yr.	Mo.	Yr.	Degree	Major	
		19	TO	19				
		19	TO	19				
		19	TO	19				
Graduate		Dates attended				Graduation		Number of credits
Institution	City/State	Mo.	Yr.	Mo.	Yr.	Degree	Major	
		19	TO	19				
		19	TO	19				

**13. Applying for:** \_\_\_\_\_

Major Field Epidemiology (Certificate Program)

I certify that all the answers I have given in this application are complete and accurate to the best of my knowledge and, if admitted, I agree to observe all the rules and regulations of Michigan State University.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**Do not write below this line**

PID	LEVEL	DES ENR TERM