



SUNY
DOWNSTATE
Medical Center

Graduate Program in Public Health

450 Clarkson Avenue, Brooklyn, NY 11203
Phone (718) 270-1065 Fax: (718) 270-2533
[E-mail: PublicHealth@downstate.edu](mailto:PublicHealth@downstate.edu)

Applicant's Checklist

Dear Graduate Program in Public Health,

I have read all applicable instructions and am submitting a complete application. The following items are enclosed.

- A fully completed and signed Application Form with both essays.
- Original transcripts in university sealed envelopes from each post-secondary academic institution attended, regardless of length of enrollment.
- Originals/photocopies of required test score report(s), which meet the requirement for the Graduate Program in Public Health. (eg. GRE, MCAT, GMAT, LSAT, DAT, or OAT scores)
- Two Applicant Evaluation Forms in sealed envelopes with the recommenders' original signatures on the recommendation forms and/or letters and across the envelope seals.
- A check or money order for \$45, payable to SUNY DOWNSTATE Medical Center.

In addition, it is my responsibility to ensure that the following are forwarded to and received by the Office of Admissions:

- Official required test score report(s).
- A final transcript verifying the completion of all Bachelor's, Master's or Doctorate degree(s) (if applicable).
- Recommendation letters.

ADDITIONAL QUESTION:

Where/how did you hear about the Graduate Program in Public Health at SUNY Downstate Medical Center?

_____.

I am enclosing this checklist with my completed application. If you need further information, please contact me

at () _____ - _____ or by e-mail at: _____

Sincerely,

Applicant Signature

Date