

Aristotle University
 6185 Paseo del Norte, Suite #200
 Carlsbad, California 92011
 760-550-7222 / 760-655-4374 (e-Fax)
www.AristotleU.com



ARISTOTLE UNIVERSITY

Aristotle University
 Aristotle University College of Law
 Aristotle University School of Public Health

Application For Admission
Aristotle University School of Public Health

Check Program Applying For:

- MPH – Healthcare Management
- MPH – Bioethics & Public Health Law
- MPH – Global Health Diplomacy
- MPH – Global Public Health

Applying for: ____ Fall ____ Spring ____ Summer of 20__

Insert Your Photo Here

You may submit Supplemental Information as you deem necessary in support of the consideration of your Admission via email or fax to:

AristotleAdmissions@AristotleU.com or 1-760-655-4374

Name: _____ Last _____ First _____ Middle _____

Mailing Address: _____

Telephone: Day: _____ Evening: _____ Cell: _____

Email(s): _____

Gender: _____ Date of Birth: _____

Place of Birth: _____ Citizenship: _____

Have you ever applied to or previously attended Aristotle University ? ____ Yes ____ No

Employment Record List ALL previous employers for past ten (10) years; or submit Curriculum Vitae / Resume.

Dates of Employment	Employer's Name	Employer's Address	Employer's Telephone Number	Your Position

Academic Information

List ALL educational institutions attended in chronological order. You MUST have ALL of your Official Transcripts sent directly to Aristotle University.

College / University	Location	Dates Attended	Total Units Completed	Degree Earned	Date Conferred	Major

Please check which Graduate Admissions Test you have taken:

	Date Taken
<input type="radio"/> GRE	
<input type="radio"/> GMAT	
<input type="radio"/> MCAT	
<input type="radio"/> National Commission on Certification of Physician Assistants	
<input type="radio"/> Other	

Personal Information

- (1). Married ___ Divorced ___ Widowed ___ Single ___ Separated ___
- (2). Prior conviction of any type: Explain (May attach explanation in Sealed envelope addressed to President, Aristotle University)
- (3). Prior Dismissal from any School? Explain in an Attachment
- (4). Special Circumstances you would like us to consider. Send As Attachment.
- (5). Ethnicity: ___ Am Indian ___ Black ___ Hispanic ___ Asian ___ Philipino ___ Caucasion ___ Other
- (6). Occupation: _____
- (7). Professional Licenses Held: _____

In addition to submitting your Application

- (8). Submit Personal Statement As Attachment- Explain: What you like us to know about you? Why you should be admitted ?
- (9). Arrange Personal Interview.
- (10). Submit CV As Attachment.
- (11). Insert Photo on Page #1 of this Application

Once you have submitted your application to the MPH degree program at Aristotle University, you will be contacted by the Dean of Admissions in order to arrange a personal interview, which may take place either in person or via telephone or videoconference.

I hereby make application for admission to the Aristotle University School of Public Health. I understand that all fees and tuition must be paid in full prior to graduation. I understand that all application materials which are submitted to Aristotle University will become the property of the University and will not be returned to me. Additionally, I understand that the \$100 Application Fee is non-refundable.

X _____
Signature of Applicant

Date: _____