

Please complete (typewrite or print) and return to:
 GRADUATE STUDIES
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 KETTERING LABORATORY
 UNIVERSITY OF CINCINNATI
 PO BOX 670056
 CINCINNATI, OHIO 45267-0056

APPLICATION FORM

- ADMISSION FULL-TIME STUDY
 FINANCIAL AID PART-TIME STUDY

BEGINNING: _____, 20____

Overnight/express mail address:
 GRADUATE STUDIES
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 KETTERING LABORATORY
 UNIVERSITY OF CINCINNATI
 3223 EDEN AVENUE
 CINCINNATI, OHIO 45267-0056

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER		
PRESENT ADDRESS (street and number)		City	State or Country	Zip Code	Telephone (area code and number)
PERMANENT ADDRESS (street and number)		City	State or Country	Zip Code	Telephone (area code and number)
CITIZENSHIP			<input type="checkbox"/> U.S.A.	<input type="checkbox"/> PERMANENT RESIDENT	
			<input type="checkbox"/> Other	<input type="checkbox"/> F-1 VISA	<input type="checkbox"/> J-1 VISA
DEGREE OBJECTIVE: <input type="checkbox"/> M.S. <input type="checkbox"/> Ph.D. <input type="checkbox"/> None			SPECIAL INTERESTS IN MAJOR FIELD:		

EDUCATIONAL BACKGROUND (please list all colleges and universities attended after high school):

FROM month year	TO month year	Name and address of institution	MAJOR FIELD	DEGREE	MONTH	YEAR

ALL ACTIVITIES SINCE HIGH SCHOOL (please include military service, but exclude summer and part-time work not relevant to your career objective):

FROM month year	TO month year	NAME AND ADDRESS OF EMPLOYER OR ACTIVITY	POSITION	DUTIES

SCHOLARSHIPS, FELLOWSHIPS, OR GRANTS

FROM month year	TO month year	DESCRIPTION

ACADEMIC OR PROFESSIONAL HONORS OR AWARDS	KNOWLEDGE OF FOREIGN LANGUAGES	READING			SPEAKING		
		EXCEL.	GOOD	FAIR	EXCEL.	GOOD	FAIR
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PUBLICATIONS, ORIGINAL INVESTIGATIONS, RESEARCH OR SPECIAL PROJECTS, THESES, OR REPORTS:

TITLE OR BRIEF DESCRIPTION (please include abstracts and references for publications)	ADVISOR OR SUPERVISOR	YEAR

Have you taken or do you intend to take the Graduate Record Examination? No Yes, on _____, 20____

REFERENCES (please list three persons who know your academic qualifications, interests, and promise for graduate study whom you are asking to complete and return the personal reference forms following this application form):

FULL NAME AND POSITION	PRESENT ADDRESS

In your opinion, do your transcripts accurately reflect your academic ability? Yes No, because:

If I am not awarded an appointment with a cash stipend, I wish to be considered for the remission of tuition and fees.

If I am not awarded financial aid, I wish to be considered for admission.

If I am not awarded financial aid, I will be unable to attend and do not wish to be considered for admission.

What is your career objective?

Why do you wish to undertake graduate study in this field at the University of Cincinnati?

Please check your area of interest:

MS

- Biostatistics
- Epidemiology
- Environmental & Industrial Hygiene
- Occupational Safety & Ergonomics
- Molecular Toxicology
- Occupational Medicine
- Environmental Health Science

PhD

- Biostatistics
- Epidemiology
- Environmental & Industrial Hygiene
- Occupational Safety & Ergonomics
- Molecular Toxicology

Date

Signature