APPLICATION
MASTER OF PUBLIC HEALTH (MPH) PROGRAM FACULTY
KANSAS STATE UNIVERSITY

Please complete this form and send it along with an accompanying brief (2-3 page) Curriculum Vitae to: Dr. Michael Cates, Director, Master of Public Health Program, 311 Trotter Hall.

PERSONAL INFORMATION

Name of Applicant: _____

Title and Department: _____

Office Address: _____

Office Phone: _____ Email: _____

PROFESSIONAL RESPONSIBILITIES

Graduate Faculty Status: ◯ Yes ◯ No

Graduate Courses Taught (limit 285 characters)

PERSONAL STATEMENT

Briefly describe in the space below, your interest, experience, current projects, and other contributions to the Master of Public Health program at Kansas State University (limit 855 characters)

_____ _____

Date **Signature**