APPLICATION

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

Please complete this 2-page application and send it along with an accompanying brief (2-3 page)

Curriculum Vitae to: Dr. Ellyn Mulcahy, Director, Master of Public Health Program, 103B Trotter Hall.

PERSONAL INFORMATION

Name of Applicant:

Title and	l Departr	ment:								
Office Ad	ddress:									
Office Phone:			Email:							
Please n	nark <mark>all</mark> t	hat apply	/ to you	from the se	lection k	elow.				
Female	Male	White	Black	American Indian	Asian	Hawaiian Pacific Islander	Hispanic	Multi- Cultural	1 st Generation	International
PROFES	SIONA	L RESP	ONSIB	ILITIES						
Graduat	e Faculty	y Status:		Yes No Contract Appointment: 9 mos					9 mos	12 mos
List all co	urses you	u teach (g	raduate	and underg	raduate	; include nu	mber, name	and cred	it hours	
			Column 1				Column 2			MPH Use
		Contract appointment % breakdown				Percent of column 1 (in your opinion) that is public health related				
	% T	eaching								
% Research										
% Service										
% Extension										
% Administration										
	9	% Other								
Total				100%						

PERSONAL STATEMENT

Briefly describe in the space below, your interest, experience, current projects including service and outreach, and other contributions to the Master of Public Health program at Kansas State University							
Date	Signature						