

**West Virginia University
Department of Community Medicine**

**Application for Admission
Masters in School Health Education**

Please review the application instructions before completing this form. Incomplete applications will not be reviewed.

Application is for entry in January 20__ September 20__ .

On Campus _____ Off Campus _____

Do you plan to attend Full-Time (9 credit hours or more per semester) Part-Time (fewer than 9 credit hours per semester) ?

PERSONAL INFORMATION

Name _____
Last (Family) First (Given) Middle

Age _____ Date of Birth _____ Social Security Number _____

Current Mailing Address: Valid until _____ (Month/Day/Year) Male Female

City State Zip Code Country

Telephone (_____) _____ E-mail address: _____

Permanent Mailing Address (if different from above):

City State Zip Code Country

Telephone (_____) _____

EDUCATIONAL AND PROFESSIONAL BACKGROUND

List in chronological order, beginning with the most recent, all colleges, graduate, and professional schools you have attended.

School Name	Location	Dates of Attendance	Field of Concentration	Grade Point Average	Degree(s) Received

List all professional and related work experience, beginning with your most recent position. Attach additional sheets if necessary.

Position Title	Dates of Employment	Hours per week	Employer (include address)

List any professional licensures or certifications that you hold: enclose a copy of teaching certificate.
