



APPLICATION FOR ADMISSION:
MASTER OF PUBLIC HEALTH COMPONENT OF
DVM/MPH PROGRAM

Please return the completed application to: Office of Admissions
Tufts University
Cummings School of Veterinary Medicine
200 Westboro Road
North Grafton, MA 01536-1895

Name: _____

Preferred Mailing
Address: _____

Email Address: _____

Telephone: Day () _____ Evening () _____

Please attach additional sheets to answer the following questions:

- 1) What experience have you had that you would consider relevant to the field of public health (including paid or volunteer work and extracurricular activities)?
- 2) What are your present goals in veterinary medicine?
- 3) How do you foresee making use of public health training in your future career? Be as specific as possible.

I hereby give my permission for the Admissions Committee of the Combined DVM/MPH Program to review all materials submitted in support of my application for admission to Tufts University Cummings School of Veterinary Medicine.

Signature _____ Date _____