



HEALTH SCIENCE APPLICATION



Health Science Program Application



Department of
Public Health, Health Administration & Health Science
College of Health Science
Tennessee State University
Avon Williams Campus
330 10th Ave. N.
Suite D 400
Nashville, Tennessee 37203-3401

Tennessee State University
College of Health Sciences
Department of Public Health, Health Administration and Health Sciences
330 10th Avenue North
Suite D-400
Nashville, Tennessee 37203-3401
Phone: 615-963-7367
Fax: 615-963-7011

Website: www.tnstate.edu

Health Science Application for Admission
(Please complete the application in its entirety)

Name: _____

First

Middle

Last

Email address: _____ T# or Social Security # _____

Race/Ethnicity: African American/Black _____ Caucasian _____ Other _____ Citizenship (country) _____

(If other, please specify) _____

Date of Birth: _____ Sex: _____

Local Address: _____

Permanent Address: _____

Local Telephone Number: (____) _____ Permanent Telephone Number : (____) _____

Cellular Telephone Number: (____) _____

Status: New Student _____ Transfer Student _____ Change of Major _____

Applying for: Fall 20 _____ Spring 20 _____ Summer 20 _____

Classification: Freshman _____ Sophomore _____ Junior _____ Senior _____

Expected Graduation Date: _____ Current GPA: _____ Full-Time/Part-Time _____

How did you hear about the Health Care Administration program?

Catalog _____ Online _____ Friend _____ Other _____

This application must be accompanied by a personal goal statement reflecting your career goals and objectives. Personal goal statements should be clear, concise and at least one full paragraph and no longer than one full page in length (double spaced). Two letters of recommendation, one from a teacher or employer and one character reference are also required. At the time the application is submitted, applicants must possess a current cumulative GPA of 2.5 (on a 4.0 scale). Failure to comply with any of the above requirements is just cause for not being admitted into the program.

Personal Goals Statement

(Please type)

TO: All Applicants

FROM: *Rosemary Theriot*

Rosemary Theriot, Ed.D. MSPH
Professor and Department Chair

DATE: _____

RE: Letter of Recommendation

Please type or print your name on the attached form and give one copy of the recommendation form to each person you would like to provide you with a recommendation. As soon as we receive the letter of recommendation and other required documents, the Admissions Committee will provide you with a prompt decision regarding the status of your application to the Health Science Program.

RE: _____
(Applicant, please type or print your full name)

Dear Sir/Madam:

The person who sent you this letter is applying for admission to the undergraduate program in Health Sciences. If the applicant is accepted and successfully completes the four year program of study, the Bachelor of Science Degree in Health Sciences will be conferred by Tennessee State University.

Please take a moment to provide the Admissions Committee with your frank and unbiased opinion about the applicant's potential leadership ability, academic ability, emotional make-up, character, personality, motivation and maturity. If the applicant is your former or present employee, please provide an evaluation about his/her employment history. If the applicant is a former student, we would like to know if the applicant is capable of successfully completing the program of study. After completing the recommendation, enclose the recommendation in a sealed envelope, sign across the back of the envelope, and give it to the student to include in the admission packet or email directly to the Administrative Assistant, Mrs. McCauley at: dmccauley@tnstate.edu.

All information you provide will be held in strict confidence. No action will be taken by the Admissions Committee until we receive the student's references. Therefore, we would appreciate a timely response.

Sincerely,

Rosemary Theriot

Rosemary Theriot, Ed.D MSPH
Professor and Department Chair

**Tennessee State University
College of Health Sciences
Department of Public Health, Health Administration and Health Sciences
Evaluation and Recommendation
Health Science Program**

Section 1: To be completed by the applicant (please type or print)

Last Name	First Name	Middle Name
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Local Address	City	State	Zip Code
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Permanent Address	City	State	Zip Code
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I have requested that this evaluation and recommendation form be completed by the recommender for the admission's process by the Admissions Committee in the Department of Public Health, Health Administration, and Health Sciences at Tennessee State University.

Student's Signature	Date
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Section 2: To be completed by the recommender:

Utilizing the scale below, please provide your opinion by circling the number beside each statement which appropriately expresses your assessment of the student.

	(1) Poor	(2) Fair	(3) Average	(4) Above Average	(5) Exceptional	
5	4	3	2	1		Personal integrity
5	4	3	2	1		Social and emotional maturity
5	4	3	2	1		Ability to work well with others
5	4	3	2	1		Promise of professional growth
5	4	3	2	1		Leadership qualities
5	4	3	2	1		Oral communication skills
5	4	3	2	1		Written communications skills
5	4	3	2	1		Perseverance toward goal attainment

How long have you known the applicant and in what capacity?

Please feel free to write any additional comments which will help the Admission's Committee make its decision.

Indicate the strength of your overall assessment of the student by checking the appropriate box.

____ Do not recommend ____ Recommend with reservations ____ Highly recommend

To be completed by the recommender.

Name (please type or print)

Address _____

Telephone Number _____

Signature _____

Title _____

Organization _____

Date _____

Please return the completed form via e-mail to Mrs. McCauley at: dmccauley@tnstate.edu or you can provide the completed form to the student in a sealed envelope or mail it directly to:

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College of Health Sciences
Tennessee State University
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