

**PhD in Rural Health Sciences**  
Application Form

**Personal Information**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Former Last Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Citizenship: \_\_\_\_\_

*Please note: non-US citizens may be asked to provide additional information/documentation*

**Academic Background**

Institution	City/State	Degree/Major and Year	GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please note: unofficial copies of transcripts should be sent digitally along with application materials. Official transcripts from each institution attended must be sent directly to the Mercer University School of Medicine.*

**Standardized Tests**

Examination	Date	Score(s)	Percentile(s)
<i>Please report subscale scores</i>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please note: the GRE (at minimum) must be reported. A copy of official scores must be sent to the Mercer University School of Medicine. **The School's GRE School Code is 5409.***

**Disciplinary and Criminal Background Information**

Describe any events that have resulted in being placed on probation, being dismissed, or being suspended from any college or university.

Describe any events in which you were convicted of, or pled guilty or no contest to, any felony or misdemeanor (excluding minor traffic violations).

**References**

Please provide the name, position, and e-mail address of three references who will be providing letters of reference. **Letters should be emailed directly to MUSMAdmissions@Mercer.edu.**

Name	Position	E-mail
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Statement of Purpose**

Please attach a **1000-word maximum** personal statement describing your interest in pursuing a career focused on rural health and how the PhD program will help you achieve your professional goals.

**Optional Information**

*The following questions are optional and are not a part of the review of applications. This information is used to help us better understand our recruitment procedures.*

Are you Hispanic or Latino?

- Yes
- No
- Decline to Respond

Please check one or more of the following groups in which you consider yourself to be a member:

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Decline to Respond

Have you received a degree from Mercer University?

- Yes
- No
- Decline to Respond

How did you learn about our program?

*Application materials, other than letters of recommendation, should be submitted by the applicant in a single email to **MUSMAdmissions@mercer.edu**. Applicants should instruct their letter writers to digitally forward letters of recommendation directly to **MUSMAdmissions@mercer.edu**.*

***Please include the phrase "PhD in Rural Health Sciences" in the subject line of emails.***