



SCHOOL OF MEDICINE

PhD in Rural Health Sciences

Application Form

Personal Information

First Name: _____

Middle Name: _____

Last Name: _____

Other Names Used (if applicable): _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Birth Date: _____

Social Security No. _____

Cell Phone: _____

Email: _____

Citizenship Status:

Country of Citizenship (if not US): _____

Please note: non-US citizens may be asked to provide additional information/documentation to complete your application.

Academic Background

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

Please note: Official transcripts from each institution attended must be sent directly to the recipient Mercer University School of Medicine at musmadmissions@mercer.edu. For postal mail (USPS) please address to Mercer University School of Medicine, Admissions Office, 1501 Mercer University Dr, Macon, GA 31207.

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.

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

*Please note: Applicants should instruct their letter writers to digitally email letters of recommendation in a PDF format directly to **MUSMAdmissions@mercer.edu**.*

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.

*Application materials, unless otherwise noted, should be submitted by the applicant via email to **MUSMAdmissions@mercer.edu**.*

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

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?

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
- Other
- Decline to Respond

Gender:

Have you received a degree from Mercer University?

How did you learn about our program?

Acknowledgement

I certify that the information provided in this application is true and correct to the best of my knowledge. I agree that, if accepted, I will abide by all rules, procedures, and policies of Mercer University School of Medicine now and hereafter adopted, as set forth in the Program Handbook, the Code of Conduct for Students, and the Honor System. I understand that falsification of information in any admissions document is grounds for denial of admission or may result in dismissal from the program in which I am enrolled at Mercer University School of Medicine.

I Agree

Date (mm/dd/yyyy) _____