Submit Proposal to Public Health Undergraduate Program

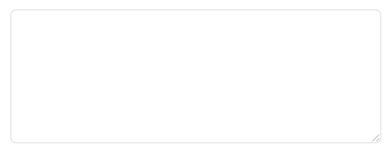
Please provide the following information:

First Name: required	Example	
Last Name: required	Person	
UID Number: required		
UCLA Email: required	example@person.com	
Please select the program you	 BA in Public Health 	
are applying to: required	BS in Public Health	
	Minor in Public Health	
	If you are unsure, please review the	
	program requirements for the <u>majors</u>	
	and <u>minor.</u>	
Do you have any planned	○ Yes	
absences from campus (e.g.	○ No	
studying abroad, time off,		
etc.): required		
If you places identify the		
If yes, please identify the		
maenane na von ancena.		

Please select the courses that you have completed or are currently taking:	Public Heal Biostatistics Community Environmer Epidemiolo	Public Health 50A Public Health C150 Biostatistics 100A Community Health Sciences 100 Environmental Health Sciences 100 Epidemiology 100 Health Policy and Management 100 Other	
Other Courses:			
Please attach your resume: required	Choose File	No file chosen	
	PDF format preferred		
Please discuss your interest in public health: required			
	1500	characters max.	
How does the major/minor align with your academic, personal, and professional goals: required			

1500 characters max.

Please share anything about your background that you'd like the admissions committee to consider:



1500 characters max.

Submit

Cancel