

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
are applying to: **required**

- ☐ BA in Public Health
- ☐ BS in Public Health
- ☐ Minor in Public Health

***If you are unsure, please review the
program requirements for the [majors](#)
and [minor](#).***

Do you have any planned
absences from campus (e.g.
studying abroad, time off,
etc.): **required**

- ☐ Yes
- ☐ No

If yes, please identify the
timeframe for your absence:

Please select the courses that
you have completed or are
currently taking:

- ☐ 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

