Master of Public Health Program
Letter of Intent

Name: __________________________________________________________________________

Term of Admission: ________ Fall ________ Spring Year: _________

• Please provide an autobiographical statement that addresses the following topics:
  1. Your reasons for pursuing an MPH degree,
  2. Your reasons for selecting the Armstrong MPH program,
  3. Your academic and professional background that has prepared you for an MPH
     degree, and
  4. Your immediate, long range, and specific career goals.

• The Letter of Intent should conform to the following format restrictions:
  2-3 pages, double-spaced, 12 pt Times New Roman, Arial, or Calibri font, with
  standard 1-inch margins