



Application for Admission

BA/BS -MSPH (4+1) Program in Biostatistics

Instructions: This application is *only* for the BA/BS -MSPH (4+1) program in Biostatistics. Applicants to this program must be an Emory undergraduate student who has either successfully completed or currently taking Multivariate Calculus and Linear Algebra. Applicants must have at least a 3.2 cumulative GPA at the time of submitting your application. To continue in the Rollins School of Public Health following graduation from Emory College, students must have earned and received a “B” average in all public health coursework taken.

Application Documents must be emailed to Melissa Sherrer at msherre@emory.edu: 1) One -page application cover page (This document) 2) two letters of recommendation (Please inform your recommenders to email their letter to me at msherre@emory.edu), 3) one unofficial Emory transcript, and 4) a one- page statement of purpose explaining your academic interests and rationale for entering the program.

Junior Year: If you are taking Multivariate Calculus and Linear Algebra in your junior year, please submit your application by Feb. 1st of your junior year. Please check below if you will start taking BIOS courses in your senior year.

_____ **Starting BIOS 4+1 Program in senior year (TRACK A)**

Sophomore Year: If you are taking Multivariate Calculus and Linear Algebra in your sophomore year or have taken these courses in your freshman year, please submit your application by Feb. 1st of your sophomore year. You will start taking BIOS courses in your junior year. Please check below if you are applying to take BIOS 512 and BIOS 513 in your junior year.

_____ **Starting BIOS 4+1 Program in junior year (TRACK B)**

Applicants will be notified of your admission decision within two weeks of submitting their application.

Students must complete the baccalaureate program prior to matriculating into the MSPH program.

Please complete the following:

Name: _____ Email: _____

Address: _____

Signature – By signing below, I agree the information provided on this application form and on all documents supporting my application are complete and accurate. I understand providing false or misleading information is cause for reversal of an admission decision or dismissal from Emory University. If enrolled as a student, I agree to abide by the rules and regulations of Emory University and the Rollins School of Public Health as they are at the time of my admission or they may change during my continuance as a student.

Signature: _____ Date: _____

Emory University does not discriminate in admissions, education programs, or employment on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, or Veteran/Reserve/National Guard status and prohibits such discrimination by its students, faculty, and staff.

**Please email your application to, Melissa Sherrer, Sr. Associate Director of Academic Programs,
Department of Biostatistics and Bioinformatics, Rollins School of Public Health**

For Official Use Only

Departmental Review – Check the appropriate box below.

Admit Deny

Departmental Signature: _____ Date: _____