APPLICATION FOR ADMISSION

INTERNATIONAL MASTER OF PUBLIC HEALTH ACADEMIC YEAR 2023

To: HANOI MEDICAL UNIVERSITY

Full name (Capital letters):	
Date of Birth:	Male (Female):
Place of Birth:	
	tion, department, office):
Telephone: (home phone, office phone, mob	oile phone)
Email:	e Email (optional)
Skype address:	
ID Number (Passport Number):	
Date of Issue Place of Issu	e:
Mother tounge and foreign languages:	
University where a relevant bachelor degree	e was granted:
Year of Graduation	
Type of Undergraduate Program (fulltime, p	parttime)
Duration of Work Experience in related field	ds (such as public health, medicine, veterinary
medicine, environmental sciences) from:	
Track specializing in (1. Public Health, 2. H	ealth Economics, 3. Reproductive Health):
(1. Research Oriented	2. Application Oriented):
voluntarily apply for admission to the M	n I have provided is complete and accurate. In I have provided is complete and accurate. In I have program and will comply with training in I have provided in I have

CERTIFIED BY ORGANIZATION/LOCAL AUTHORITY

APPLICANT

(Signature)

CERTIFICATE OF WORK EXPERIENCE

To: HANOI MEDICAL UNIVERSITY

Pursuant to the Announcement for International Master of Public Health Program of
Hanoi Medical University for the Academic Year of 2023 - 2025, we (specify the
name of the applicant employer)
Hereby certify that Mr/Ms:
Date of Birth: has been working in:
and therefore has gained experiences in the field:
From / to /
It is much appreciated that HMU's Admission Review Board could consider
nis/her application for admission to the International Master of Public Health in the
academic year of 2023-2025.
Sincerely yours,
, day/month/ 2023
(Full Name and Signature of Authorized Signatory,
Seal of the Organization)
Sear of the Organization)

Applicants should submit this Certificate of Work experience along with a notarized copy of Labour contract or Decision of Employment.

RECOMMENDATIONS

Prefix: (Dr. Ms. Mr.) Name:	
Position/Title:	
Organization:	
Office phone:	Email:
Prefix: (Dr. Ms. Mr.) Name:	
Position/Title:	
Organization:	
Office phone:	Email:
Prefix: (Dr. Ms. Mr.) Name:	
Position/Title:	
Organization:	
Office phone:	Email:
ADDITIONAL I	NFORMATION
How did you hear about us? (Fa	aculty/Student/Seminar/Workshop/Online course/Website)
If other:	
Misdemeanor?Felony	
Have you ever been convicted of a crime?	(Yes/No)
If Yes (Describe)	
Academic Infraction	
Have you ever been disciplined for academic p dismissal, suspension, disqualification, etc.) by	
Have you ever been disciplined for student cordismissal, suspension, disqualification, etc.) by	
If Yes (Describe)	

COVER LETTER

Please answer the following questions. Do not go over the limits of words for each question!

1. How did you choose this program? (up to 500 words)

2. Please:

- a) give up to three practical examples of how you intend to use the knowledge, skills and connections you will gain from this program (up to 500 words)
- b) list any possible constraints you think may prevent you from achieving these tasks (up to 500 words)
- 3. How will the completion of this program contribute to your future career? (up to 500 words)