SBS Track – PhD Application Form

Area of Research Interest

____________________________________________________________________________

Has this application been discussed with a member of academic staff? Yes ☐ No ☐
If yes, please give name______________________________________________________

Anticipated Enrollment Date

Full Time ☐ Part Time ☐
Month & year of commencement:_____________________________________________

Personal Information

Last Name______________________________________________________________
First Name____________________________________________________________
Other name(s) under which we may receive your documents:

___________________________________________________________________________

Age__________ Date of Birth_______________________________________________
Gender: Male ☐ Female ☐
Citizenship_______________________________________________________________

Permanent Address

___________________________________________________________________________

City________________________ State ________ Postal/Zip Code______________
Country________________________

Current Address (If different)

___________________________________________________________________________

City________________________ State ________ Postal/Zip Code______________
Country________________________
Education (This section must be completed and official academic transcripts attached)

Undergraduate Degree
College Name_______________________________________________________________
Dates Attended: From___________ to ___________ Degree Awarded? Yes ☐ No ☐
Type of degree earned/expected_____________________________________________

Graduate Degree
College Name_______________________________________________________________
Dates Attended: From___________ to ___________ Degree Awarded? Yes ☐ No ☐
Type of degree earned/expected_____________________________________________

Professional Qualifications
Title of Qualification__________________________________________________________
Date earned/expected________________________________________________________

Employment
Summary of relevant employment history and training: (Please enclose CV)

Letter of Proposed Research Interest (Please enclose)
This is the fundamental determinant in our assessment of your research potential. It should extend to
three or four pages and cover:

- An overview of your research interests, specifying your background and reason for this
direction. The statement should be specific rather than general
- A brief review of your background and interest in this chosen field, highlighting the issues
that you consider are pertinent and arising
- In addition we ask that you provide detail of your specific skills and experience that make
you a strong candidate for this area of study and a proposed timetable of how you envision
completing the various stages of your PhD studies
- A personal statement explaining why you believe that you are particularly qualified to
undertake this level of study

How did you first hear of the UF Public Health SBS PhD track? (Please specify)

_______________________________________________________________
Referees
Minimum of two required, at least one of which must be academic. (Please have referees send a written, sealed, reference letter, dated and signed to the following address)

Director of Social & Behavioral Science PhD Program  
Dept. of Behavioral Science & Community Health  
College of Public Health & Health Professions  
1225 Center Drive, Room 4181  
PO Box 100175  
Gainesville, FL 32610-0175

Funding
☐ Applying to UF for scholarship  
☐ Requesting funding from SBS department  
☐ Sponsored by your employer  
☐ Own funds  
☐ Other (please specify)

_______________________________________________________  
Date___________________

Declaration
☐ I hereby agree that all information provided above is accurate to the best of my knowledge.

☐ I hereby undertake if admitted as a student to the UF, College of Public Health & Health Professions, SBS PhD track to observe and comply with all ordinances and regulations of the university as far as they concern me.

Signature_______________________________________________________  
Date___________________