



# Graduate Certificate in Latino Health and Nutrition Studies

This is an application for:  FALL  SPRING YEAR \_\_\_\_\_

Please PRINT or TYPE the following information and submit it to the Health Science Department.

Name \_\_\_\_\_ SID#: \_\_\_\_\_  
Last First MI

gender:  Female  Male  Transgender Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred email address \_\_\_\_\_ MM DD YYYY

Other names that may appear on your records: \_\_\_\_\_

Home phone: Mobile phone: Work phone:

( )	( )	( )
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Home address: \_\_\_\_\_  
Street City State Zip code

Mailing Address (if different from above) \_\_\_\_\_

Ethnic Identity. Your response is voluntary and will not affect your admission.

African American/Black, non-Hispanic

American Indian or Alaskan Native

Asian

Filipino

Latino, Mexican-American, Chicano

Other Latino \_\_\_\_\_

Pacific Islander

White, non-Hispanic

Other \_\_\_\_\_

Decline to state



**Recommendations:** List three individuals who know your academic or professional qualifications; including performance, potential, and motivation. One letter of recommendation and/or a *Reference* form, should be included with your application.

Name	Organization/Affiliation	Position/Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information submitted in this application is true, complete and accurate. I understand that any misrepresentation will be cause for denial of admission. I also understand that this application, and all materials submitted in conjunction with it, are confidential and become the property of the Graduate Program, and will not be returned to the student or forwarded to any other party under any circumstances.

_____ Applicant's Signature	_____ Date
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**NARRATIVE STATEMENT**

Include the following information in a typewritten statement of between two and three pages in length.

Describe those experiences that have shaped your interest Latino Health and Nutrition. Describe the one academic experience that has meant the most in your educational career. Outline your immediate and long term goals. Discuss why you are interested in the certificate program, the strengths you bring and those areas in which you would like to increase your expertise and personal growth.

**LETTER OF RECOMMENDATION/REFERENCE FORM**

Please provide (1) letter of recommendation and/or reference form (academic or professional) in your completed packet.



**Graduate Certificate in Latino Health and Nutrition Studies**  
**LETTER OF REFERENCE FORM**

Applicant's Name

\_\_\_\_\_ Last First Middle

Evaluator's Name

\_\_\_\_\_ Last First Middle

**To the applicant.** Complete the information requested above and give to the person serving as reference. Please note that generally evaluators may provide information more useful to the program and to you if their evaluations are confidential. If you agree, you may wish to sign the waiver below.

I waive all rights to see or inspect this form or any statement sent to the indicated program as a result of this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To the evaluator.** You have been selected as a reference by this applicant for admission to the Graduate Certificate in Latino Health and Nutrition Studies program at CSULB. We hope that you will help both the applicant and us by giving your forthright evaluation of this applicant's potential to be a public health professional. Note that pursuant to the federal law entitled The Family Educational Rights and Privacy Act of 1974, this letter of reference may be shown to the applicant if the right to examine it has not been waived. **Please feel free to write a supplemental narrative letter describing the candidate's intellectual capacity, leadership ability, motivation, emotional maturity and interpersonal skills.**

How long have you known the applicant?  Less than one year  One year or more

How well do you know the applicant?  Casually  Fairly well  Very well

Briefly explain how you know the applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rank this applicant in respect to their qualifications.

Qualification	Excellent	Above average	Average	Below	Not observed
Other applicants you have written academic letters (master's or doctorate program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge and competence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation and diligence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity and social skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work habits perseverance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative and perseverance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Originality, aptitude for independent problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Some factors viewed as important for success in this program are: intellectual capacity, leadership ability, motivation, and emotional maturity. If you alone were making the decision, which of the following recommendations would you choose for this applicant?

- Seek out – Will be a truly outstanding student and later professional.
- Definitely accept – Will complete the indicated program at a superior level.
- Accept – Should complete the indicated program at a satisfactory level.
- Accept, but with reservation concerning ability or motivation (Please explain)
- Do not accept (Please explain)

Name (print or type): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_

The Graduate Certificate in Latino Health and Nutrition Studies program and the applicant will appreciate prompt return of this reference, since all application materials must be sent collectively.