Application for Dean's Ambassador Program

WVU School of Public Health

Contact Information:

Name: _____

Program: _____

Contact Phone Number: _____

Local Address: _____

Expected Graduation Date: _____

Current GPA: _____

Application Checklist:

Is Essay attached? Yes ☐ No ☐

Letters of Recommendation? Yes ☐ No ☐

Are you interested in becoming a Coordinator for this group? Yes ☐ No ☐

(Coordinators will serve as primary points of contact and leadership organizers of the group)