



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA



University of Pretoria-American Cancer Society (UPACS) Fellowship

2012 Academic Year Master of Public Health (MPH) with Special Interest in Tobacco Control

Please read the notes below before completing the application form:

1. For admission to the Master of Public Health (MPH) program, applicants must meet the following requirements:
 - Must be fluent in spoken and written English
 - Have **one** of the following:
 - A four-year bachelor's degree, plus at least two years relevant working experience.
 - A three-year degree plus at least five years relevant working experience.
 - An advanced bachelor's degree.
 - A three-year degree plus a post-graduate qualification.
2. The degree is offered on-campus and on a full-time basis (about 18 months).
3. The following documents must be submitted with the application (incomplete applications will not be considered):
 - A brief curriculum vitae (not more than 3 pages).
 - A 2-page essay (not more) motivating your choice of Master of Public Health with special interest in tobacco control.
 - An official letter from your employer specifying:
 - Support for your proposed course of study
 - Assuring appropriate employment
 - Assuring time and opportunity for you to complete the research project after returning home
 - Certified photocopies of your degree certificate(s).
 - **Important note:** The University of Pretoria requires all international applicants to have all foreign qualifications evaluated by the South African Qualifications Authority (SAQA). Please visit www.saga.co.za for more information on the process.
 - A certified copy of your transcript record (in English) for subjects studied during your previous degree(s).
 - Document showing your current TOEFL score (of 500 or higher) or other English language proficiency tests.
4. Your application will be considered only when the above documents and completed application form have been received **no later than 30 June 2011.**
5. Send your completed application form and required documents to Joyce Jakavula via email at joyce.jakavula@up.ac.za or by fax to +27-86-511-6622.

UPACS APPLICATION FORM

---- PERSONAL AND CONTACT INFORMATION ---- (Please print)						
SURNAME :			TITLE :			
FIRST NAMES :			GENDER :			
DATE OF BIRTH:			NATIONALITY:			
IDENTITY/PASSPORT NUMBER:			COUNTRY OF RESIDENCE:			
POSTAL ADDRESS:			TELEPHONE NUMBERS:			
			(COUNTRY CODE) (AREA CODE):			
			TEL NO:			
			MOBILE NO:			
FAX NO:		E-MAIL ADDRESS:				
---- EDUCATIONAL BACKGROUND ---- (Begin with most recent and include short-term technical or professional training)						
Date	Degree/ Certificate	Institution Attended	Discipline/ Subject Area	G.P.A. (if available)		
---- LANGUAGE PROFICIENCY ----						
Please describe your spoken and written English language proficiency on the table below (check appropriate box)						
Oral:	Excellent		Good		Average	
Written:	Excellent		Good		Average	
TOEFL Score (if taken): _____ Year Taken: _____						
Please give details of any other English Proficiency test is applicable: _____ _____						
What is you home language? _____						

---- WORK EXPERIENCE ----
(Begin with the most current position)

Date	Organization	City/Country	Position	Key Responsibilities

Describe your experience with specific emphasis on tobacco control:

How will training in tobacco control be of use to you, your institution and your home country?

Describe the institutional support you will be getting from your employer during and after the tobacco control course work (attach letter of support from employer)

List your major publication(s) (if any):

Describe your proposed topic for your mini-dissertation and research paper:

Please provide names of two referees who are able to comment on your professional abilities:

Referee 1

Name:
Position:
Organization:
Telephone No.:
Email Address:

Referee 2

Name:
Position:
Organization:
Telephone No.:
Email Address:

** Please note that this form is meant for selection of candidates only. All applicants are also required to complete the University of Pretoria forms. Forms can be completed and submitted online at <http://www.up.ac.za>. A hard copy of the application form can be requested from the Client Service Centre by calling +27 12 420 3111 or via email at csc@up.ac.za.*

DECLARATION: I certify that the information provided in this application is completely accurate and true.

Signature:

Date:

While acceptance is generally based on academic merit and availability of places, applicants may be required to attend a screening interview before being accepted.

Closing date for applications is 30 June 2011



UNIVERSITEIT VAN PRETORIA
 UNIVERSITY OF PRETORIA
 YUNIBESITHI YA PRETORIA



University of Pretoria-American Cancer Society (UPACS) Fellowship

REFERENCE FORM

Reference for an applicant requesting admission for the University of Pretoria Master of Public Health (MPH) with special interest in Tobacco Control degree program. Please send it directly to Joyce Jakavula via email at joyce.jakavula@up.ac.za or by fax to +27 86 511 6622.

Applicant's name (in full):

Confidential Reference

1. How long have you known the applicant? _____

2. How well and in what capacity do you know the applicant?

3. Please rate the applicant in terms of the following:

	Unable to judge	Poor	Average	Good	Exceptional	Outstanding
Professional experience						
- Leadership						
- Initiative						
- Creativity						
English language ability (if not a native speaker of English)						
- Speaking						
- Writing						
- Reading						
Personality						
- Attitude to work (can work under pressure)						
- Study habits						
- Human Relation						
Adaptability						

4. What are the applicant's special academic strengths and weaknesses?

5. Has the candidate been directly involved in the conduct of research projects or monitoring/evaluation of population, health or any other public health programs. If so, please cite examples and provide your assessment of the candidate's performance in his/her capacity.

6. Please make any additional comments about the candidate that you think are significant.

Name of Referee:

Position and Institution:

Signature: _____ **Date:** _____