

Application to the UTRGV Certificate in Medical Entomology Program

Please fill out the form below. Please include a copy of your transcripts (can be unofficial) with your application, as well as a short (1-2 page) personal statement. The personal statement should address why you are interested in the field of medical entomology, and background or experience you have in medical entomology or public health, and how obtaining this certification will impact your future career and education goals. Send your application to christopher.vitek@utrgv.edu.

Name: _____ Class year (sophomore, junior, etc): _____

Student ID Number: _____ Contact email: _____

Current Major (or none/unknown): _____ Primary Campus: Edinburg Brownsville

Current GPA: _____ Anticipated graduation date: _____

In a few words, what are your career goals or plans following graduation? _____

Check any of the following courses that you have already taken:

- | | |
|--|--|
| <input type="checkbox"/> Medical Entomology | <input type="checkbox"/> Animal Parasitology |
| <input type="checkbox"/> General Microbiology | <input type="checkbox"/> Entomology |
| <input type="checkbox"/> General Virology | <input type="checkbox"/> Microbial Ecology |
| <input type="checkbox"/> Medical Microbiology and Immunology | <input type="checkbox"/> Disease Epidemiology |
| <input type="checkbox"/> Medical Genomic | <input type="checkbox"/> Global Change Ecology |
| <input type="checkbox"/> Invertebrate Biology | |

The following questions are optional.

To which gender do you identify?

- | | |
|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender female |
| <input type="checkbox"/> Female | <input type="checkbox"/> Gender variant/non-conforming |
| <input type="checkbox"/> Transgender male | <input type="checkbox"/> Other: _____ |

Are you of Hispanic, Latino, or of Spanish origin? Yes No

How would you describe yourself?

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | |

Age: _____ Are you a first generation college student? Yes No

If you are from the RGV, what high school did you attend? _____