***St. Luke’s International University Graduate School of Public Health***

***Master’s Degree Program***

Achievement Declaration for 1-year MPH Program Qualification Screening

|  |  |  |  |
| --- | --- | --- | --- |
| Name | *(Family name), (Given name)* | Date of Birth | *(mm / dd / yyyy)* |

|  |
| --- |
| Please indicate relevant achievements such as publications and activities related to the field of public health. |