

2014 Non-Matriculated Application

Health Sciences, Stony Brook University

For Office Use Only

Admit Term

Program

Admit
Type

Level

Last Name

First Name

M. Initial

Date of Birth
(mm/dd/yy)

Veteran
Status

Other/Maiden name under which records may be found (list full name)

Are you a
current Stony
Brook
student?

a former Stony
Brook student?

a current
Employee?

Stony Brook
Id

Gender

U.S. SS# (for
internal use only)

**Ethnic
Group**

(responses are voluntary and the information will be kept
confidential. Refusal to provide this information will not subject
the applicant to any adverse treatment)

Birth City

Birth State (if US)

Birth Country

U.S. Citizen?

Permanent
Resident?

PR# A-

Non U.S.
Citizen?

Enter Current
Visa Status

Country of
Citizenship

Undocumented?

Date of
Entry
(MM/
DD/YY)

U.S. State of
Residency

**If N.Y. State
Resident,
indicate number
of years:**

number of months

Did you attend an approved New York State High School for at least 2 years and graduate from an approved New York State High School or have you received a New York State General Equivalency Diploma?

If Yes, enter the year of graduation or GED

Permanent Home Address (Required - DO NOT INCLUDE P.O. BOX):

Street
Address

City State Zip

Telephone (include area code) Email

Mailing Address (If different than home address) or P.O. BOX:

Street
Address

City State Zip

Have you ever applied to a degree program at Stony Brook?

If yes, which program and for what semester and year

In the fields below, provide the requested information on all university work taken for credit at any time in the past. Do not include equivalency exams. Failure to list all pertinent education may disqualify an applicant from consideration, invalidate an applicant from consideration or invalidate an offer of acceptance. Put "NA" where non-applicable.

1. Name of Institution

Academic Level

Major

**Entry Date
MM/YY**

**End Date
MM/YY**

Total Credits

GPA

Degree/Cert

**Degree Date
(MM/YY)**

2. Name of Institution

Academic Level

Major

**Entry Date
MM/YY**

**End Date
MM/YY**

Total Credits

GPA

Degree/Cert

**Degree Date
(MM/YY)**

3. Name of Institution

Academic Level

Major

**Entry Date
MM/YY**

**End Date
MM/YY**

Total Credits

GPA

Degree/Cert

**Degree Date
(MM/YY)**

4. Name of Institution

Academic Level

Major

**Entry Date
MM/YY**

**End Date
MM/YY**

Total Credits

GPA

Degree/Cert

**Degree Date
(MM/YY)**

5. Name of Institution

Academic Level

Major

**Entry Date
MM/YY**

**End Date
MM/YY**

Total Credits

GPA

Degree/Cert

**Degree Date
(MM/YY)**

List any professional licenses you hold and their numbers:

Explain briefly, why you wish to enroll as a part-time non-matriculated student, and indicate which courses you wish to take.

The statements contained in this form are true to the best of my knowledge and belief. I understand that approval of this application does NOT constitute admission to degree candidacy in any unit of the Health Sciences Center or Stony Brook University; that a separate application for admission as a degree candidate will be required should I seek matriculation and that such application will be considered in equal competition with other candidates for such admission.

Date
(MM/DD/
YYYY)

Signature of
Applicant

Office Use Only:

Date
(MM/DD/
YYYY)

Signature of
Director of
Admissions