

Supplemental Information for the School of Health Technology and Management

1. Date you wish to enter Stony Brook as a non-matriculated student (circle one): Fall Winter Spring Summer
Year _____
2. Have you been accepted into the Dietetic Internship program at Stony Brook? Yes ___ No ___
3. Have you ever applied to a degree program at Stony Brook? _____
If yes, which program and for what semester and year? _____
4. _____
Work Address

Work Telephone Home Email

Education

In the space below, provide the requested information on all college-level 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.

Name of Institution (include location)	Entry Date	Leaving Date	Major	Degree/Cert.	Date Earned	Total Credits	GPA 4 point scale
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Undergraduate

Graduate

List any professional licenses/certifications/registration you hold and their numbers. Briefly describe any health related work experience you have:

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

Anticipated Track _____ Management _____ Gerontology _____ Nutrition _____ Health Policy

The above statements 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 State University of New York at Stony Brook; 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	Signature of Applicant
_____	_____
Date	Signature of Assistant Dean School of Health Technology and Management

PLEASE RETURN COMPLETED NON-MATRIC APPLICATION TO:
 Fran Shaw
 Health Care Policy and Management
 Health Sciences Center 2-417B
 Stony Brook, NY 11794-8204
 FAX: 631-444-6474