

Non-Matric Application

Health Sciences Center, Stony Brook University School of Health Technology and Management 2007

For Office Use Only

<u>Admit Term</u>	<u>Program</u>	<u>Type</u>	<u>Level</u>	<u>Student Group</u>	<u>SB ID#</u>
<input type="checkbox"/> 1071	<input type="checkbox"/> HSAUN	<input type="checkbox"/> NMP	<input type="checkbox"/> U0	_____	_____
<input type="checkbox"/> 1074	<input type="checkbox"/> HSAGN	<input type="checkbox"/> GNM	<input type="checkbox"/> G0	_____	_____
<input type="checkbox"/> 1076 & 1078	<input type="checkbox"/> HSYGN			_____	_____
<input type="checkbox"/> 1078				_____	_____

Former Non Matric _____ If yes for same non matric p/p and level, give form to OSS Records Area to reactivate.

Are you a current Stony Brook student ___ Degree Candidate ___ If yes, Program _____

Stony Brook ID# _____ Former Stony Brook Student ___ Employee ___ Veteran ___

Last Name (please print) _____ First Name _____ M. Initial _____ Date of Birth (m/d/y) _____

Other name under which records may be found _____ U.S. Social Security Number _____ *Gender _____
(for internal use only)

*Ethnic Group (circle one): Am. Indian Asian Black Hispanic Unknown White

CITIZENSHIP: U.S. Citizen: Native Birth City _____, State _____
 Naturalized Place of birth and country _____

If non U.S. citizen, country of citizenship _____

Permanent Resident PR#A- _____ (REQUIRED - Attach copy of both sides of your permanent resident card.)

Non Citizen Visa (REQUIRED – Attach copy of visa status documents, i.e., I 94, I 20, passport, etc.)

Enter Current Visa Status (F1, J1, H1, K1, etc.) _____ Undocumented _____ Date of Entry _____

REQUIRED: ARE YOU A NEW YORK STATE RESIDENT? YES _____ NO _____
IF YES, LENGTH OF RESIDENCY? YEARS _____ MONTHS _____
(Please note that you may be required to submit supporting documentation to confirm your New York State Residency.)

PERMANENT HOME ADDRESS (REQUIRED – DO NOT INCLUDE P.O. BOX):

Street Address, Apt. # _____

City _____ NY County _____ State _____ Zip _____

Telephone (include area code) _____ Email Address _____

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS) OR P.O. BOX:

Street Address, Apt. # or P.O. Box _____

City _____ NY County _____ State _____ Zip _____

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

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 ever applied to a degree program at Stony Brook? _____

If yes, which program and for what semester and year? _____

3. _____
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.

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:**
Lynn Timko-Swaim, MS, RPA-C
PA Post-Professional Masters Program
Department of PA Education
SHTM, L2-427, HSC
Stony Brook , NY 11794-8202
Fax: 631-444-1404