

**Non-Matric Application**  
Health Sciences Center, Stony Brook University  
School of Nursing  
2016

**For School of Nursing Use Only (circle Admit Term, Program, Type and Level):**

<u>Admit Term</u>	<u>Program</u>	<u>Type</u>	<u>Level</u>	<u>SB ID#</u>
1161	HSNUN	NMP	U0	_____
1164	HSNGN	GNM	G0	
1166 & 1168	HSNZU			
1168	HSNZG			

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 (mm/dd/yy)**

\_\_\_\_\_  
**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-** \_\_\_\_\_

**Non Citizen Visa**    Enter Current Visa Status (F1, J1, H1, K1, etc.) \_\_\_\_\_

**Undocumented** \_\_\_\_\_    Date of Entry (mm/dd/yy) \_\_\_\_\_

**VETERAN STATUS:**     **Active Duty** (someone currently enrolled as a member of the U.S. Armed Forces)  
 **Veteran** (a person who has served in the U.S. Armed Forces)  
 **Dependent** (a dependent of a person who has served in the U.S. Armed Forces)

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

**Did you graduate from an approved New York State High School that you attended for at least two years or have you received a New York State General Equivalency Diploma?    YES \_\_\_\_\_    NO \_\_\_\_\_**

**If Yes, enter the year of graduation or GED \_\_\_\_\_**

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

\_\_\_\_\_  
Street Address, Apt. #

\_\_\_\_\_  
City                                      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                                      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 Nursing**

1. Do you plan to work while taking courses? Yes \_\_\_\_\_ No \_\_\_\_\_  
Full time o \_\_\_\_\_  
Part time o \_\_\_\_\_ Brief Job Description \_\_\_\_\_ Business Telephone \_\_\_\_\_
2. Date you wish to enter Stony Brook as a non-matriculated student: \_\_\_\_\_  
Semester/Year \_\_\_\_\_
3. Have you ever applied to a degree program at Stony Brook? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which program and for what semester and year? \_\_\_\_\_

**Education**

In the space below, provide the requested information on all university work taken for credit at any time in the past. Do not include equivalency exams. Submit application with copies of all transcripts and NYS RN license. 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**

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**Graduate**

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List any professional licenses you hold and their numbers:

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

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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 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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assistant Dean for Students  
School of Nursing