



## Dear Prospective Non-matriculating Graduate Student (GSP):

The School of Professional Development (SPD) is pleased to know that you are interested in taking courses at Stony Brook University as a **Non-matriculating (non-degree) Graduate Student (GSP)**. SPD facilitates admission for all GSP students to Stony Brook University's *West Campus*. GSP students may take *graduate or undergraduate* courses, as available to them; prerequisites, if any, must be met or satisfied prior to enrollment. Tuition is according to course level.

1. Complete the attached **Application** and submit it with the **\$60 non-refundable application fee** to SPD. The application fee may be paid by U.S. check or money order (payable to **Stony Brook University**), or credit card. (To pay by credit card, use the attached Credit Card Authorization form.)
2. Students are **required** to submit **proof of immunization directly to Student Health Service (SHS) prior to enrollment/registration. Failure to do so will result in an enrollment block for future enrollment and de-registration** from classes. Complete the attached form and mail or fax to Student Health Service.
3. Paper applications are processed within **ten (10) business days** in the order received. Students are notified **via e-mail** and U.S. Post Office mail, as soon as the application has been processed. The e-mail will contain the student's **Stony Brook ID number** and important information and instructions for enrolling in classes. (NOTE: Online applications submitted electronically are processed within **three (3) to five (5) business days**.)
4. Students who are classified as **Permanent Residents** must submit a photocopy of **both** sides of their **Resident Alien (Green) Card** with the application. (Other *non-U.S. citizens* must obtain an "**SPD Clearance Form**" from International Student Services, 2401 Computer Science Bldg. Call 631.632.4685 for more information.)

### IMPORTANT

- ▶ The **maximum** number of graduate credits earned at Stony Brook as a Non-matriculating Graduate Student (**GSP**) that may later be considered for inclusion in *any* Stony Brook graduate degree program is **twelve (12)**. For Advanced Graduate Certificate programs, the maximum number of credits is **six (6)**.
- ▶ All SPD students (including **GSP students**) must adhere to the dates and deadlines for adding, dropping, swapping, or withdrawing from classes as published each term in the **SPD Academic Calendar**, available at <http://www.stonybrook.edu/spd>, see *Calendars*; as well as SPD's policies and procedures, as outlined in the "**SPD Student Handbook**," at <http://www.sunysb.edu/spd/assets/pdf/f05handbook.pdf>.

The minimum **requirement for admission as a non-matriculating graduate student (GSP) is a bachelor's degree**. Usually, no transcripts or other supporting documents are required. However, at the discretion of SPD, a transcript or other testimony to a degree may be requested.

Thank you for your interest in the School of Professional Development. We hope you enjoy your association with SPD as you continue your education at Stony Brook University.

Sincerely,

A handwritten signature in black ink that reads "Judith Daly". The signature is written in a cursive style and is positioned to the left of a vertical red line.

Judith Daly  
Director, Admissions and Academic Services  
School of Professional Development (SPD)  
Email [spd@stonybrook.edu](mailto:spd@stonybrook.edu)  
Web [www.stonybrook.edu/spd](http://www.stonybrook.edu/spd)  
Tel 631.632.7050, option 3

NOTE: If more than three (3) terms lapse between enrollments, excluding winter and summer sessions, a new application and application fee must be submitted.

School of Professional Development  
Stony Brook University  
Non-matriculating Graduate Student Application and Information Sheet

**PERSONAL INFORMATION**

**ADMISSION REQUESTED FOR**

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Date of Birth (MM/DD/YY)

FALL 20\_\_\_\_ SPRING 20\_\_\_\_ SUMMER 20\_\_\_\_

**NAME**

Last (Family) Name	First (Given) Name	M.I.
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Birth/Maiden Name (if different from current last name)	Other name(s) by which you may have been identified in academic records
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**ADDRESS**

Number and Street	Apt. or Suite Number
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City ( )	State/Province ( )	Zip/Postal Code (and Country if not USA)
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Home Phone Number	Business Phone Number ( )
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Email Address	Fax Number
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**ACADEMIC HISTORY**

Where did you earn your baccalaureate? \_\_\_\_\_ When? \_\_\_\_\_  
 Have you applied for graduate study at Stony Brook before? \_\_\_No \_\_\_Yes If yes, for which semester? \_\_\_\_\_  
 For which program? \_\_\_\_\_ Were you admitted? \_\_\_No \_\_\_Yes Did you enroll in classes? \_\_\_No \_\_\_Yes  
 Have you ever been dismissed from Stony Brook? \_\_\_No \_\_\_Yes If yes, please explain on a separate piece of paper.  
 Have you ever been dismissed from any college/university for disciplinary reasons? \_\_\_No \_\_\_Yes


Have you ever been convicted of a felony? \_\_\_No \_\_\_Yes

A felony in New York State law is defined as a crime for which more than one year in prison may be imposed. The felony question applies if you have been convicted as an adult. If you have been adjudicated as having juvenile delinquent or youthful offender status, you are not required to respond to the felony question. An affirmative response to the dismissal questions or the felony question will not automatically prevent admission, but you will be asked to provide additional information. This information will be reviewed by a campus committee to ensure campus safety. Any falsification or omission of data may result in a denial of admission or disciplinary action.

**CITIZENSHIP CODES**

Indicate citizenship code in box at right.

- 1 = United States Citizen
- 2 = Permanent Resident or bona fide refugee
- If citizenship code is 2, complete the following:
- US Permanent Resident Number \_\_\_\_\_
- Date of Entry \_\_\_\_\_
- Attach copy of both sides of Alien Registration (Green) Card

  
**Citizenship Code**

- 3 = Non-immigrant F-1 student
- 4 = Non-immigrant F-2 or J-2 student
- 5 = Non-immigrant J-1 student, exchange visitor
- 6 = Non-immigrant, NYS resident pending
- 7 = Undocumented alien
- 8 = Non-immigrant, other
- 9 = Applied Permanent Resident/Refugee, Non-Resident

**PERSONAL DATA**

F = Female  
M = Male  
**Gender**

**Ethnic Code\***

- A = Asian
- B = Black (not Hispanic)
- H = Hispanic
- I = American Indian
- W = White (not Hispanic)
- N = Prefer not to answer

\*This information is required for recruitment and statistical reporting purposes.

Admission to the State University of New York at Stony Brook is based on the qualifications of the applicant, without regard to sex, race, age, color, creed, national origin, sexual orientation, disability or handicap. The State University of New York is an affirmative action/equal opportunity employer and educator. This publication can be made available in an alternative format upon request.

**Country of Citizenship**

For categories #2-9 of "Citizenship Code", indicate country of citizenship

**SIGNATURE AND DATE**

I hereby certify that the information given by me on this application is complete and accurate. I submit this application personally, on my own behalf and without the assistance or representation of any third party. I understand that any misrepresentation may be cause for denying admission or permission to register at any time. Submission of fraudulent documents will result in academic dismissal from the University.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit application and nonrefundable \$60 fee to: SPD, SBS Building Room N-201, Stony Brook, NY 11794-4310  
 Telephone: 631.632.7050, Option 3 Fax: 631.632.9046 Web: [www.stonybrook.edu/spd](http://www.stonybrook.edu/spd) Email: [SPD@stonybrook.edu](mailto:SPD@stonybrook.edu)  
 Make check payable to: *Stony Brook University*. If paying by credit card, complete Credit Card Authorization Form.

Non-matriculating Graduate Student Fee Payment  
School of Professional Development  
SBS Building, N-201  
State University of New York at Stony Brook  
Stony Brook, NY 11794-4310

*Credit Card Authorization Form*

*Complete and submit with application materials only if you want to charge the application fee.*

\_\_\_\_\_ **Date**

**Authorized Amount \$60.00**

**Check One:**     American Express         Discover         Mastercard         Visa

\_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Card Number** \_\_\_\_\_

**Name of Applicant** \_\_\_\_\_

**Address** \_\_\_\_\_

**Cardholder's Name** \_\_\_\_\_

**Cardholder's Signature** \_\_\_\_\_



# Student Health Information

All Stony Brook students, including those enrolled in credit programs through the School of Professional Development, will be blocked from all registrations if they are not in compliance with Public Health Law 2165, which states that all students born on or after January 1, 1957, must demonstrate proof of immunity to measles, mumps, and rubella. Signed documentation of proof of immunity by one of the following means for each disease must be submitted to the University's Student Health Services:

- Measles:** Two vaccines after 1/68 at least 30 days apart, 90 days recommended; or history of disease; or blood titer showing immunity.
- Mumps:** One mumps vaccine after 1/69; history of the disease; or titer showing immunity.
- Rubella:** One rubella vaccine after 1/69; or titer showing immunity (history of rubella is not acceptable proof of immunity).

Those with a birth date prior to 1/1/57 are exempt from this requirement. However, they must submit a copy of either a birth certificate or a driver's license to document their birthdate.

## Students should send or report to the Student Health Service with one of the following:

- a. proof of immunity by completing and returning the **Immunization Record Form** (see below) to the address listed on the form.
- b. evidence that he/she has received one immunization and is awaiting the required time between immunizations, i.e., copy of an appointment with health practitioner (private physician or clinic, etc.).

Students who remain in noncompliance will NOT be permitted to register due to the fact that the University will be subject to a \$1,000 fine per student not in compliance. Students not in compliance with Public Health Law 2165 prior to registration will no longer be permitted to attend any New York State institution unless he/she has received a religious or medical exemption or can document that he/she is in the process of receiving the necessary immunizations.

**No tuition can be refunded and the student will not be able to register for an ensuing semester until proof of immunity is provided.**

A limited number of immunizations are available at the Student Health Service or the Public Health Service. You may also obtain them from your private physician. If you have any questions, call the Student Health Service at 631-632-6740.

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## Immunization Record *Fill out your name, ID, and date of birth, then choose **ONE** of the sections below to complete and sign:*

Student's Name (Last, First, Middle Initial) \_\_\_\_\_

Student ID (Social Security) Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Section I

List two dates of "MMR" (Measles, Mumps, Rubella) vaccine inoculations, or attach an official copy of your immunization record:

Dates of "MMR" vaccinations: \_\_\_\_\_ and \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature and Date**

### Section II

#### A. Measles – Complete **ONE** of the following:

1. TWO dates of Measles vaccination: \_\_\_\_\_ and \_\_\_\_\_

2. Approximate date of Measles infection (disease): \_\_\_\_\_

3. Date and titer of blood test for Measles immunity: \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature and Date**

#### B. Mumps – Complete **ONE** of the following:

1. Date and titer of Mumps vaccination: \_\_\_\_\_

2. Approximate date of Mumps infection (disease): \_\_\_\_\_

3. Date and titer of blood test for Mumps immunity: \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature and Date**

#### C. Rubella – Complete **ONE** of the following:

1. Date and titer of Rubella vaccination: \_\_\_\_\_

2. Date and titer of blood test for Rubella immunity: \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature and Date**

### Section III

Proof of birth date prior to January 1, 1957. Please attach a copy of one of the following: driver's license, birth certificate, baptismal certificate, or passport.

**Return form to:** Director of Student Health Service, SUNY at Stony Brook, Stony Brook, NY 11794-3191; telephone 631-632-6740.