



*School of Professional Development*

## **Dear Prospective Post-Baccalaureate Pre-Health Student:**

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 (GSP) Graduate Student in the *Post-Baccalaureate Pre-Health Program*. SPD administers admission for all GSP students to Stony Brook University, however, the Post-Baccalaureate Pre-Health Program advisors will provide students admitted to that program with all academic advisement, enrollment information and guidance designed to meet the student's specific coursework needs.

**NOTE:** This application does not guarantee your admission into Stony Brook's Post-Baccalaureate Pre-Health Program. Admission will be granted to select candidates based on the following minimum requirements: a bachelor's degree and undergraduate minimum GPA of at least a 3.30, and a complete application package. Applications will be reviewed by the Post-Baccalaureate Pre-Health Program Admissions Committee. Limited admission.

### **1. Required application materials:**

- Application form: *Post-Baccalaureate Pre-Health Program Application*.
- \$60 nonrefundable program application fee. Application fee may be paid with U.S. check or money order (make payable to *Stony Brook University*), or by credit card. To pay by credit card, use the attached Credit Card Authorization form.
- Personal Essay: In 500 words or less, describe how this program connects with your career goals.
- Copies of official transcripts from *all schools attended*.

Please submit all application materials, including official transcripts from all schools attended, to:

School of Professional Development / PBPH Admissions  
N-201 Social and Behavioral Sciences  
Stony Brook University  
Stony Brook, NY 11794-4310 (full zip code must be used)

2. All students are **required** to submit the 'Immunization Form' *directly* to **Student Health Service (SHS)** no later than 16 days after the first day of the term. If student does not comply by the 30<sup>th</sup> day of the term, the Office of the Registrar will deregister student from all classes.
3. Applicants to this program must be either a United States citizen or U.S. Permanent Resident. Students who are classified as **Permanent Residents** must submit a photocopy of *both* sides of their Resident Alien (Green) Card with the application.

**IMPORTANT NOTES:** All SPD students (includes GSP students) must adhere to the information, dates, and deadlines published each term in the **SPD Academic Calendar**, available on our website at [www.stonybrook.edu/spd](http://www.stonybrook.edu/spd). Students add, drop, swap, or withdraw according to the published deadlines for SPD

Thank you for your interest in Stony Brook University and our Post-Baccalaureate Pre-Health Program. We look forward to receiving your application and wish you the best of luck in the process.

Sincerely,

Post-Baccalaureate Pre-Health Admissions Committee

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School of Professional Development (SPD)  
Email: [spd@stonybrook.edu](mailto:spd@stonybrook.edu)

# School of Professional Development (SPD)

## Stony Brook University

Tel. 631-632-7050 option 3 □ Fax: 631-632-4992 □ Web: www.stonybrook.edu/spd □ Email: spd@stonybrook.edu

### Post-Baccalaureate Pre-Health Program Application

Personal Information

/ / / / / / / /  
Date of Birth (MM/DD/YY)

Social Security #

\_\_\_\_-\_\_\_\_-\_\_\_\_

Admission Requested For:

Fall 20 \_\_\_\_ Spring 20 \_\_\_\_

**NAME**

Last (family) Name

First (Given) Name

M.I.

Birth/Maiden Name (if different from current last name)

**ADDRESS**

Number and Street

Apt. or Suite Number

City

State

Zip/Postal Code

( )

( )

( )

Home Phone Number

Cellular Number

Business Phone Number

Email Address

Fax Number

#### ACADEMIC HISTORY

Where did you earn your baccalaureate? \_\_\_\_\_ When? \_\_\_\_\_

Have you applied for graduate study at SBU before? \_\_\_\_No \_\_\_\_Yes

For which program? \_\_\_\_\_ Were you admitted? \_\_\_\_No \_\_\_\_Yes

Have you ever been dismissed from Stony Brook? \_\_\_\_No \_\_\_\_Yes If yes, explain on a separate piece of paper.

Have you ever been dismissed from any college/university for disciplinary reasons? \_\_\_\_No \_\_\_\_Yes

#### CITIZENSHIP STATUS

**You must be a United States Citizen or a U.S.**

**Permanent Resident to be admitted into this program.**

Please circle your status below.

1 = United States Citizen

2 = Permanent Resident

If citizenship code is 2, complete the following:

U.S. Permanent Resident Number \_\_\_\_\_

Date of Entry \_\_\_\_\_

Attach copy of both sides of Alien Registration (Green) Card

#### PERSONAL DATA

F = Female

M = Male \_\_\_\_\_

A = Asian

B = Black

H = Hispanic \_\_\_\_\_ Ethnic Code

I = American Indian

W = White

#### 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 non-refundable \$60 fee to:** School of Professional Development/ Attn. PBPH Admissions, N-201 Social and Behavioral Sciences, Stony Brook University, Stony Brook, NY 11794-4310 (full zip code must be used). Make check payable to *Stony Brook University*. If paying by credit card, complete Credit Card Authorization Form.

**For Office Use Only:**

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** \_\_\_\_\_

