



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 administers admission for all GSP students to Stony Brook University. GSP students may take graduate or undergraduate courses, depending on prerequisites and/or course restrictions. 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**. Complete the attached form and mail or fax to Student Health Service.
3. Paper applications are processed within **ten (10) business days** and in the order received. Students are notified **via e-mail** as soon as he/she is eligible to enroll. The e-mail will contain the student's **Stony Brook ID number** and other 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 NOTES: 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 (*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. Students add, drop, swap, or withdraw according to published deadlines for SPD students.

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 and our programs. We look forward to facilitating your admission to Stony Brook University as a Non-matriculating (non-degree) Graduate Student (GSP).

Sincerely,

A handwritten signature in black ink that reads "Judith Daly".

Judith Daly
Director, Admissions and Academic Advisement
School of Professional Development (SPD)
Email spd@stonybrook.edu
Web www.stonybrook.edu/spd
Tel 631.632.7050, option 3

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

PERSONAL INFORMATION

ADMISSION REQUESTED FOR

Date of Birth (MM/DD/YY)			

FALL 20____ SPRING 20____ SUMMER 20____

NAME

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

ADDRESS

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

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 | 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
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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 Email: 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.

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.