

Form for
Non-
Matriculated
Applicants



SUNY
DOWNSTATE
Medical Center

SUNY Downstate

College of Nursing
College of Health Related
Professions

Form for Non-Matriculated Applicants





Instructions for Non-Matriculated Applicants

Individuals who wish to be considered as non-matriculated students must meet the following criteria:

1. Completion of an accredited Bachelor's degree program or higher from a CHEA regionally accredited college and/or university.
2. Completion of the non-matriculated student application.
3. Submission of an official transcript of all degrees completed.
4. A personal interview with a designated member of the faculty.

Individuals accepted as non-matriculated students are limited to specific courses in each department, in consultation with individual program directors. Students must achieve a GPA of 3.0 for each course to be considered for subsequent admission as a matriculated student.

Non-matriculated Student Guidelines:

A non-matriculated student is one who has not been accepted to a degree program but is permitted to register on a semester basis, using the appropriate "non-matriculated student registration" form.

1. Non-matriculated status shall not extend beyond 12 credits maximum, and shall not extend beyond one calendar year. Time spent as a non-matriculated student will not count towards the five year limit for work on a degree in the Nursing program.
2. No registration will be processed by the Registrar for non-matriculated status if that student has previously registered for 12 credits.
3. Non-matriculated status does not guarantee entry into a program. A non-matriculated student must complete the entire admissions procedure and will be considered on the same basis as any other applicant.
4. Non-matriculated students may not register for: clinical specialization courses, Nursing Research I, II, or Advanced Health Assessment.
5. Non-matriculated students are not allowed to pre-register for courses during the pre-registration period. They are eligible to register the first day of classes.
6. Health clearance is required for students who register for six (6) or more credits.
7. The College determines which courses are open to non-matriculating students, the necessary pre-requisites, and the number of spaces available in each course.

Non-matriculating student Application Process:

If the non-matriculated student subsequently wishes to apply to the program as a matriculated student, then s/he must complete the formal application process, and be accepted based on the criteria.

Note that an application to become a matriculated student does not guarantee admission.

The individual colleges determine which courses are open to non-matriculated students as well as the number of students allowed in each course.

Your application will not be processed if you are not able to provide the supporting documents listed below:

A completed application file includes:

- ❑ Completed and signed application form for Non-Matriculated students
- ❑ One official transcript(s) for all colleges/universities attended
- ❑ Proof of NYS Residency. Any two (2) documents listed below are sufficient to prove NYS residency:
 - Voter Registration Card
 - Utility Bill (eg: Electric, Phone, Gas, etc...)
 - NYS Tax Return
 - Alien Registration Card
 - NYS Driver's License
 - Lease
- ❑ Completed Health Assessment Form (if you are registering for 6 or more credits)
- ❑ Health Clearance form obtained from the Student Health Services department

A complete application packet should be mailed to:
SUNY Downstate Medical Center
Office of the Registrar
C/O: CHRP/Nursing Coordinator
450 Clarkson Avenue, Box 98
Brooklyn, NY 11203



IMPORTANT INFORMATION

- Non-Matriculated students are NOT eligible for Financial Aid.
- Non-Matriculated students are NOT guaranteed matriculation to any college at SUNY Downstate. They must apply and meet all established program admission requirements.



TRANSCRIPT GUIDELINES

One official transcript, i.e. documents with the registrar / university school seal sent in a University sealed envelope, must be received from each post-secondary (after high school) academic institution attended regardless of length of enrollment or credit granted. This includes, but is not limited to, summer classes, study abroad courses, medical school records, post baccalaureate courses and coursework towards advanced degrees.





SUNY
DOWNSTATE
Medical Center

450 Clarkson Avenue, Box 98 Brooklyn, NY 11203
Phone (718) 270-4551 Fax: (718) 270-7592
E-mail: Registrar@downstate.edu

Non-Matriculated Application Form

I am applying as a Non-Matriculated Student for admission: [] Summer [] Fall [] Spring Year _____

Please indicate which school and program you wish to attend:
 College of Health Related Professions
 Please fill in program: _____
 College of Nursing
 Please fill in program: _____

IDENTIFICATION INFORMATION

 (LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (JR, III, ETC.)

If you have worked or have educational records under a different name, please give former name(s)

Date of Birth _____ Sex: Female Male
 Month/Date/Year

Mailing Address _____
 _____ (NUMBER AND STREET) (APT. #)
 _____ (CITY) (STATE) (ZIP CODE) (COUNTRY, If other than US)

Home Telephone _____ Business Telephone _____ Cell Phone _____

E-mail address _____
****Must Complete****

How often do you check your e-mail? _____

Permanent Address (if different from above)

 (NUMBER AND STREET)
 _____ (CITY) (STATE) (ZIP CODE) (COUNTRY, If other than US)

CITIZENSHIP/RESIDENCY INFORMATION (Priority will be given to U.S. citizens or Permanent Residents)

Place of Birth: _____
 Current Status: U.S. Citizen Permanent Resident (provide copy of card)
 Temporary visa holder, specify visa category (F-1, H-1, etc.) _____ (attach a copy of immigration document)

PLEASE NOTE: If you are a permanent resident or temporary visa holder, a copy of your alien registration card or visa must be submitted with your application.

Are you a New York State resident (for tuition purposes)? Yes No
 The definition of a New York State resident for tuition purposes appears in the Office of Admissions section of the website http://sls.downstate.edu/admissions/application_instructions.html
 (Attach corresponding documents. See instructions.)

If you wish to identify yourself as a member of an ethnic/racial group, please indicate:

- African-American, Non-Hispanic Caucasian Hispanic/Latino
 Asian Native American/Alaskan Native Native Hawaiian/Pacific Islander
 Other _____

EDUCATIONAL HISTORY

Beginning with the most recent, list in chronological order ALL undergraduate and graduate institutions attended, regardless of how long ago you attended. You must submit official transcripts for all institutions listed.

Applicants educated abroad must submit an educational credentials evaluation.

University/College	City/State	Dates of Attendance (Month/Year)	# of Credits Completed/ In Progress	Overall GPA	Field of Study (Major & Minor)	Degree & Date

- Test of English as a Foreign Language (TOEFL) Date taken/planned _____
 Internet-based exam score: _____ Computer-based exam score: _____ Paper-based exam: _____

EMPLOYMENT HISTORY

(List most recent position first)

Please Note: Curriculum Vitae may be attached to the application in lieu of completing this section.

Dates (from/to)	Employer	City State	Title

ADDITIONAL INFORMATION

Was there a period of 3 months or longer when you were not in school and/or employed? No Yes
 If YES, please briefly describe your activities during that time on a separate sheet.

APPLICANT'S SIGNATURE

I have read and understand the Non-matriculated Student Application instructions. I certify that the information submitted in this application and associated material is complete, accurate and correct to the best of my knowledge.

 Applicant Signature

 Date

FOR OFFICE USE ONLY

Program Chair/ Dean Signature: _____ Date: _____

Application Approved

Application Rejected

Comments: _____

Admission to SUNY Downstate Medical Center is based on the qualifications of the applicant. SUNY Downstate Medical Center does not discriminate on the basis of race, sex, color, creed, age, national origin, disability, sexual orientation, religion, marital status or status as a disabled veteran in the Vietnam era. Responses on this application to questions of race, sex, and date of birth are voluntary and are used for statistical purposes only.



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COURSE SELECTION FORM FOR NON-MATRICULATED STUDENTS

- This form is used to obtain approval from the Program Chair and/or the Dean to register for classes as a Non-Matriculated student.
- This form must be completed in its entirety. Both the student and the designated faculty member **must** sign this form.
- Upon obtaining approval to register for courses as a Non-Matriculated student, this form **must** be submitted to the Office of the Registrar.

Please indicate which school and program you wish to attend:

College of Health Related Professions

Please fill in program: _____

College of Nursing

Please fill in program: _____

PLEASE PRINT CLEARLY

(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (JR, III, ETC.)

If you have worked or have educational records under a different name, please give former name(s)

Mailing Address

(NUMBER AND STREET) (APT. #)

(CITY) (STATE) (ZIP CODE) (COUNTRY, If other than US)

Please indicate the semester/year in which you intend to take these courses:

Summer _____ Fall _____ Spring _____

COURSE #	CRN #	COURSE TITLE	# OF CREDITS

FOR OFFICE USE ONLY

Program Chair/ Dean Signature: _____ Date: _____

Course Selection Approved Course Selection Rejected

Comments: _____



Health Assessment Form for Non Matriculated Students

Completion of this entire form is required of every non-matriculated student coming to SUNY Downstate Medical Center. *It must be submitted with your application.* Please note that a recent Mantoux test and chest x-ray (if needed), as well as immunity to measles, mumps, and rubella are required by New York State Health Code.

Name: _____ ID#: _____

School: _____ DOB: ___/___/___
Elective at SUNY: _____ Elective Dates: ___/___/___ to ___/___/___

To the Health Provider:

- Does this student have any acute or chronic health problems? If yes, please explain.
- Date of last physical exam (must be no more than 1 year prior to start of elective): ___/___/___
Result of exam: _____

3. PROOF OF IMMUNITY TO MEASLES, MUMPS, AND RUBELLA IS REQUIRED BY NEW YORK STATE LAW. Two (2) Doses of live mumps and rubella vaccines after the first birthday or immune titers satisfy this requirement

MMR vaccine:	___/___/___	___/___/___
	#1 date	#2 date
Measles Titer:	___/___/___	___/___/___
	POS NEG	Date
Mumps Titer:	___/___/___	___/___/___
	POS NEG	Date
Rubella Titer:	___/___/___	___/___/___
	POS NEG	Date

4. HISTORY OF VARICELLA?
 YES NO OR TITER _____

IF NO HISTORY OF VARICELLA AND NEGATIVE TITER,
VARICELLA VACCINE IS REQUIRED.

DATES: ___/___/___ dose 1 ___/___/___ dose 2

5. TUBERCULIN TEST (if known negative, Mantoux test must be administered within 6 months prior to elective)

Date: ___/___/___ Result: ___ mm induration Manufacturer & Lot # _____
CHEST X-RAY Date: ___/___/___ Result: _____
(Required if mantoux test is positive):

I certify that the above statements are true.

Name of Health Care Provider: _____
Signature of Health Care Provider: _____
State and License #: _____
Address: _____
Telephone #: _____
Date: ___/___/___

After your Non-Matriculated application has been approved by the department you must submit this form to the above address or fax #.

Failure to do so will delay the processing of your application.