



SUNY
DOWNSTATE
Medical Center

School of Public Health

450 Clarkson Avenue, Box 43 Brooklyn, NY 11203

Phone (718) 270-1065 Fax: (718) 270-2533

[E-mail: PublicHealth@downstate.edu](mailto:PublicHealth@downstate.edu)

COURSE SELECTION FORM FOR NON-MATRICULATED STUDENTS

- This form is used to obtain approval from the Program Chair and/or the Vice 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 track you intend to pursue:

- ☐ Biostatistics (BIOS)
- ☐ Community Health Sciences (CHSC) - Urban & Immigrant Health
- ☐ Environmental & Occupational Health Sciences (EOHS)
- ☐ Epidemiology (EPID)
- ☐ Health Policy and Management (HPMG)

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/Vice Dean Signature: _____

Date: _____

☐ Course Selection Approved

☐ Course Selection Rejected

Comments: _____