SPH Form for Non-Matriculated Applicants

SUNY Downstate Medical Center

Want to Change your Career? Want to Change your Community? Want to Change your World?

School of Public Health

Form for Non-Matriculated Applicants

SUNY DOWNSTATE Medical Center ool of Public Health
450 Clarkson Avenue, MSC 43B Brooklyn, NY 11203
(718) 270-1065 Fax: (718) 270-2533
E-mail: PublicHealth@downstate.edu

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 form.
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 (see list below). Students must achieve a GPA of 3.0 for each course to be considered for subsequent admission as a matriculated student.

Courses Available for Non-matriculated Students:
Approved non-matriculated students may take any four (4) of the five (5) core MPH courses (listed below). No more than twelve (12) credits in a non-matriculated status are allowed.

MPH Core Courses:

- Principles of Biostatistics
- Principles of Epidemiology
- Health Behavior and Risk Reduction
- Principles of Environmental Health
- Introduction to Health Policy and Management

* Non-matriculated students wishing to take other courses must secure the permission of the chair of that particular department.

Non-matriculate 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. Credits from the courses taken as a non-matriculated student will apply to the student's MPH course credits.

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

The School determines which courses are open to non-matriculated students as well 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
- ❑ Health Clearance form obtained from the Student Health Services department

A complete application packet should be mailed to:
SUNY Downstate Medical Center
School of Public Health
C/O: SPH Assistant Dean for Enrollment and Student Affairs
450 Clarkson Avenue, MSC 43
Brooklyn, NY 11203

♦♦

IMPORTANT INFORMATION

- ➢ Non-Matriculated students are NOT eligible for Financial Aid.
- ➢ Non-Matriculated students are NOT guaranteed matriculation to the School of Public Health. They must apply and meet all established program admission requirements.

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TRANSCRIPT GUIDELINES

One official transcript, i.e. documents with the registrar's/ university school seal sent in the University's 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.
Only applications with official transcripts on file will be reviewed for an admission decision.

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***Applicants who require additional evaluation, i.e. applicants who have completed more than one year of college level course work outside the USA, must request a course-by-course evaluation by an agency accredited by the* NATIONAL ASSOCIATION OF CREDENTIAL EVALUATION SERVICES (NACES). A list of accredited course evaluation agencies can be found on NACES' website www.naces.eorg.

E-mail: PublicHealth@downstate.edu

Master of Public Health Form for Non-Matriculated Applicants

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

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

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 Admissions Brochure 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/Vice 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 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 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: _____

SUNY Downstate Medical Center
ent Health Services
440 Lenox Road APT # 1S, Brooklyn, NY 11203
Phone (718) 270-1995 Fax: (718) 270-2477
E-mail: StudentHealth@downstate.edu

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: _____ SID: _____
Address: _____
Tel: _____ E-Mail: _____
School: _____ DOB: ___/___/___
Elective at SUNY: _____ Elective Dates: ___/___/___ to ___/___/___

To the Health Provider:

1. Does this student have any acute or chronic health problems? If yes, please explain: _____

2. Date of last physical exam (must be no more than 1 year prior to start of elective): ___/___/___
Result of exam: _____

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3. **PROOF OF IMMUNITY TO MEASLES, MUMPS, AND RUBELLA IS REQUIRED BY NEW YORK STATE LAW.**
Two (2) Doses of live measles, 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, TWO DOSES OF VARICELLA VACCINE ARE REQUIRED.
DATES: ___/___/___ (dose 1) ___/___/___ (dose 2)

5. **TUBERCULIN TEST** (if known negative, Mantoux test must be administered, or blood-based tuberculin test, within 6 months prior to elective)

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

6. A dose of adolescent/adult Tdap within the past 10 years: DATE: ___/___/___

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.