

**LONG ISLAND UNIVERSITY
WESTCHESTER GRADUATE CAMPUS**

APPLICATION FOR NON DEGREE ADMISSION

Please print or type all information requested.

NAME	Last	First	Middle	Maiden or other name appearing on records	Social Security #								
					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								
HOME ADDRESS	Number & Street		City & State		Zip Code								
					<input type="checkbox"/> Male <input type="checkbox"/> Female								
BUSINESS ADDRESS					Home Phone								
					Business Phone:								
DATE OF BIRTH	CITIZENSHIP				Business Phone:								
mo / day / year	<input type="checkbox"/> USA <input type="checkbox"/> Other Specify: _____		Type of visa: _____										
Applying for Admission effective <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year: 20__					E-Mail:								

Area of Interest: _____

Overall Undergraduate Average: _____

Advanced Degrees: Name of College _____

Degree Awarded _____

Major _____

Average _____

I understand that permission to register for courses, as a non-matriculant does not constitute admission or re-admission to any Long Island University graduate programs or to matriculate for a degree. This status enables me to register for a maximum of six (6) credits. Upon final review of my credentials by the Admissions Committee, courses I take will be considered for credit toward a degree program, should I be admitted.

I further understand that the credits I take may be applied towards a degree upon the discretion of the University. Should I wish to apply for formal admissions to Long Island University within two years of this date, I may be eligible to matriculate for a degree and I will follow the procedures for admission described in the catalog.

Student's Signature _____ Date _____

University Official's Signature _____ Date _____

**THE STUDENT SHOULD KEEP TWO COPIES OF THIS AGREEMENT
THE ORIGINAL IS FILED IN THE ADMISSION OFFICE**