



NAZARETH UNIVERSITY
GRADUATE NON-MATRICULATED STUDENT APPROVAL FORM
Completed forms need to be submitted to the appropriate academic department for approval.

All sections of this form must be fully complete to be reviewed by the Office of Registration and Records located in Smyth Hall, Room 1

Phone: (585) 389-2816 Fax: (585) 389-2612 Email: registrar@naz.edu

Last Name _____ First Name _____ Social Security# _____

Address _____

City

State/Zip

E-mail Address

Home Phone

Cell Phone

Work Phone

Education Information

College/University _____ Undergraduate Degree/Major _____ Date Degree Earned _____ GPA _____

Do you hold licensure or teacher certification? Yes No If yes, list license or certification area/s: _____

For Federal Reporting Purposes

Date of Birth: _____ Gender: Male Female **Desired Course and Term:** _____
 (ex. SPF 520, 16/SA)

- What is your ethnicity? Not Hispanic or Latino Hispanic or Latino
- What is your race? Mark one or more races to indicate what you consider yourself to be.
 White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Confirmation of Student Understanding

By signing below, I confirm my understanding that as a non-matriculated student I can take no more than two courses (six credit hours). If I take only one course in my first term, I must earn a grade of "B" or higher in order to continue with the second approved course. I further understand that approval for non-matriculated status in no way guarantees my acceptance into a graduate program.

Printed Name

Signature

Date

PROGRAM DIRECTOR USE ONLY

Requirements for non-matriculation approval (to be completed by approved college designee for program of interest):

<i>Provision</i>	<i>Met</i>
➤ Completion of undergraduate degree	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Interview with college designee	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ Transcript provided (unofficial acceptable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
➤ If GPA is under 3.0, explanation provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Approval Granted Yes No

If yes, list specific courses approved: **TERM(S)** Summer 20____ (specify Sum A or Sum B) Spring 20____ Fall 20____

Program in which approval has been granted:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> American Studies | <input type="checkbox"/> Education/General | <input type="checkbox"/> Music Education | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Art Education | <input type="checkbox"/> Human Resource Management | <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Art Therapy | <input type="checkbox"/> Marketing | <input type="checkbox"/> Higher Ed Stu Affairs Admin | <input type="checkbox"/> Speech Pathology |

Authorization by university designee:

Printed Name

Signature

Date