INSTRUCTIONS FOR GRADUATE NON-MATRICULATED STUDY FOR VISITING STUDENTS

Categories:

A. Students in attendance at colleges other than a CUNY college also may enroll as visiting students. They must submit an official letter certifying that they are in good academic standing at their home college and have permission to take course work at CSI.

B. A selected number of courses in participating programs/departments are available for students who wish to take courses for personal or professional reasons, without intending to pursue a degree. Not all graduate courses are open to non-degree students.

C. Students who are currently enrolled at other CUNY colleges who wish to take courses at the College of Staten Island must apply through the CUNY e-Permit website.

Admission and Academic Policies:

- Students are responsible for determining their course eligibility by contacting the appropriate department. The graduate program coordinator or department designee must sign this application before it can be processed.

- No more than 12 credits may be taken unless the student already holds a master’s degree.

- Acceptance as a non-matriculated student in no way commits the College to grant matriculation at a later date.

- Financial aid is not available for non-matriculated students.

- To be admitted as a graduate non-matriculated student:
  - An applicant must hold a baccalaureate degree (or its equivalent) from a regionally accredited college or university. The applicant must submit evidence of receipt of this degree (student or official copy of final transcript).
  - A non-refundable $125.00 application fee (check or money order), made payable to the College of Staten Island, must be submitted to the Office of Recruitment and Admissions (address listed above). Students who are currently enrolled as graduate students at another CUNY college are not required to pay this fee.

- Department approval will be confirmed prior to processing the application and fee.

- All students born on or after January 1, 1957, who are enrolling for six or more equated credits, must have proof of immunization on file at the College Health Center (Bldg. 1C, Rm. 112). You can contact the Health Center at (718) 982-3045 (phone); (718) 982-2966 (fax); or [http://www.csi.cuny.edu/registrar/immunization.html](http://www.csi.cuny.edu/registrar/immunization.html).
APPLICATION FOR GRADUATE VISITING STUDENT

Choose one category:

(A) CUNY Permit - Currently enrolled in a CUNY graduate program.
CUNY College currently enrolled in: _________________________________________________________________

(B) Non-CUNY Permit – Currently enrolled in a graduate program.
College currently enrolled in: _________________________________________________________________
Program: _________________________________________________________________

(C) Visiting Student – Currently not enrolled in a graduate program.
Degree: _____________________________ Date Conf erred: _____________________________
College: _____________________________ Major and Minor: ______________________________________
Semester you wish to enroll:   Fall (   )     Winter (   )     Spring (   )      Summer (   ) Year:  20________________

Courses seeking approval for: _________________________________________________________________
(ex., ACC 600, BIO 603 or EDE 601)

SS#: ________ - ________ - _______________ Male (   ) Female (   ) Date of Birth: _____/_____/_____

Last Name     First      Middle

Number    Street    Apt. #   Home Telephone Number
City    State    Zip Code   Work/Alternate Telephone Number

E-mail Address: _____________________________________ @ ________________________________________________

Length of time (years and months) at the above address? ___________________________ in NYS? ________________

Are you a United States Citizen? (   ) Yes (   ) No, I have a: Visa Type / Status Alien Registration Card#

Applicant’s Certification:

I submit herewith my application for graduate non-matriculated study at the College of Staten Island and hereby certify that the information given in this application is accurate and complete. I understand that misinformation or information withheld may result in the cancellation of my application. I have read the instructions and policies on the reverse side.

Signature of Applicant: _____________________________________________ Date: ___________________________

[   ] APPROVED      [   ] DENIED ___________________________________________________     ______________________
Program Coordinator or Department Chair Signature            Date

Approved Courses: _________________________________________________________________

Comments: _________________________________________________________________

Revised 9/25/13