

APPLICATION/REGISTRATION FORM: Health Care Administration

The CUNY School of Professional Studies

The City University of New York

To register, complete ALL fields in this form. Please print legibly.

Circle one: Mr. Mrs. Ms. Miss Dr.		Last name (family):		First name (given):		Middle name:	
Date of birth: / /		Social Security number: / /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity:							
<input type="checkbox"/> White, non-Hispanic		<input type="checkbox"/> African American, non-Hispanic		<input type="checkbox"/> Puerto Rican		<input type="checkbox"/> Hispanic, other	
<input type="checkbox"/> Native American or Native Alaskan		<input type="checkbox"/> Other (please specify):				<input type="checkbox"/> Choose not to respond	
Permanent address (street and number):				Apt:	City:		State:
How long have you resided at the above address?				Telephone:		Email (required):	
Years:		Months:		() -			
Citizenship:							
<input type="checkbox"/> U.S.		<input type="checkbox"/> Other:		Type of Visa:			
Are you currently enrolled as a CUNY student?		If yes, skip "Educational Background" and give the name of your college AND program or major here:					
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Educational background: Please list all colleges and universities attended, starting with the most recent.							
Years of Attendance		Name of institution		Major		Degree	Date of award
From:	To:						
From:	To:						
Employer:					Location:		
Work phone:	() -	Ext. _____		Job Title:			
Union affiliation:					Local:		
COURSE SELECTIONS <small>(see next page for course information)</small>	Semester you are registering for:						
	Course #:	Course name:			Section #:	No. of credits:	Course level (check one):
							<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
							<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
							<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
						<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	
	How did you find out about these courses?						
TUITION	CREDIT REGISTRATION						
							Amount enclosed
	One-time Application Fee <small>(do not pay if you have previously enrolled in an SPS course)</small>				\$70.00		\$ _____
	Consolidated Fee				\$15.00 per term		\$ 15.00
	Technology Fee		part time students		\$50.00 per term		<input type="checkbox"/> \$ 50.00
			full time students		\$100.00 per term		<input type="checkbox"/> \$ 100.00
	Undergraduate Tuition for Degree Students				\$215.00 per credit		\$ _____
	Graduate Tuition				\$345.00 per credit		\$ _____
	For official use only: 3 rd party verification number: _____				<input type="checkbox"/> Third party payment from:		
	Total enclosed:						\$ _____
<p>Checks should be made payable to the "CUNY School of Professional Studies." Mail this form and your check (if applicable) to: Murphy Institute for Worker Education, Attn: Kevin Simmons, 25 W. 43rd Street, 19th Floor, New York, NY 10036</p> <p>Please note: registrants for credit courses must provide an official transcript documenting eligibility, also to be sent to this address, prior to the end of the course. A course grade will not be released without the transcript on file.</p>							

If you are attending more than one course as a credit student, in compliance with New York State Public Health Law 2165, you must submit proof of immunization against measles, mumps and rubella and must file a meningococcal meningitis vaccination form with SPS, if you were born on or after January 1, 1957. The form can be downloaded from the SPS website: http://sps.cuny.edu/forms/Immunization_Complete_MMR.pdf.

I certify that the information entered on this application is complete and correct.

Signature of applicant: _____

Date submitted: / /

All tuition and fee schedules are subject to change without notice at any time upon action by the City University of New York, regardless of the tuition and fee schedules in effect at the time of application. Rev. 09/27/10

Additional information available at: (212) 827-0200. For general SPS information: (212) 652-CUNY.