



COLLEGE OF ARTS AND SCIENCES

APPLICATION FOR NON-DEGREE STATUS

ONLINE GRADUATE CERTIFICATE IN HEALTHCARE ADMINISTRATION

Application for semester [_____], Year _____

SOCIAL SECURITY#	TITLE	NAME (LAST, FIRST, MIDDLE)
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ADDRESS (NUMBER, STREET, CITY, COUNTY, STATE, ZIP CODE)

DATE OF BIRTH _____ SEX: Male ___ Female ___ Telephone Number: Home () _____ Work () _____	___ US Citizen ___ Permanent Resident ___ Alien Registration No.: _____ Country of Citizenship: _____ ___ Visa Required ___ Visa Currently Held: _____ Exp. Date: _____	ETHNIC BACKGROUND (Optional) ___ Asian/Pacific Islander ___ Black or African American ___ Caucasian ___ Native American/Native Alaskan ___ Latino (Non-Puerto Rican) ___ Puerto Rican ___ Other: _____
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Have you ever applied to Seton Hall before this time? No _____ Yes _____

When? _____ Accepted _____ Rejected _____ Incomplete _____

Have you previously attended Seton Hall in any capacity? No _____ Yes _____

Program _____ Semester (s) _____

How did you learn about the online Graduate Certificate in Healthcare Administration?
