

# Application for Non-Degree Status

## MONTCLAIR STATE UNIVERSITY

Office of Graduate Admissions & Support Services  
College Hall Room 203  
Montclair, NJ 07043  
VOICE: 973-655-5147  
FAX: 973-655-7869

Please type or print in ink and submit to  
The Office of Graduate Admissions &  
Support Services with \$60 application fee

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

Mr.  Ms.  Dr.  Other: \_\_\_\_\_

Gender:  Male  Female

\_\_\_\_\_  
Last name First name Middle name

Maiden or previous name (if different from above): \_\_\_\_\_  
Last First Middle

### Permanent/Mailing Address:

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Background (this information is optional and only used for statistical purposes):

<b>Ethnicity-</b> Are you Hispanic/Latino? (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin. <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin <input type="checkbox"/> Decline to Identify	<b>Race-</b> Please select one or more from the following five racial groups that best represents your race/ethnicity. <input type="checkbox"/> Alaskan/Native American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Decline to Identify
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### Residency:

Are you a resident of the State of New Jersey?  Yes  No

If yes, have you been a resident for at least one year?  Yes  No

Indicate residency code (refer to box on right): \_\_\_\_\_

Are you a United States citizen?  Yes  No

If no, what is your citizenship? \_\_\_\_\_

If not a United States citizen, what is your immigration status?

\*Currently on a student visa from \_\_\_\_\_

\*Permanent resident

\*Other \_\_\_\_\_

Applying for visa through Montclair State

\*Provide copies of documentation

#### Residency codes (New Jersey and Out-of-State):

001 Atlantic	015 Gloucester	029 Ocean
003 Bergen	017 Hudson	031 Passaic
005 Burlington	019 Hunterdon	033 Salem
007 Camden	021 Mercer	035 Somerset
009 Cape May	023 Middlesex	037 Sussex
011 Cumberland	025 Monmouth	039 Union
013 Essex	027 Morris	041 Warren
		099 Out-of-State

Anticipated Enrollment term  Fall (September)  Spring (January)

Anticipated Enrollment year  2009  2010  2011

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**EMPLOYMENT RECORD** (*current employment*):

Dates	Position Held	Name of Employer	Address of Employer

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**EDUCATIONAL PREPARATION** (*List institutions where a degree was earned*):

Name of Institution	Location	From mo/yr	To mo/yr	Degree	Major	Minor

**TEACHER CERTIFICATION** (*if applicable*):

Current certification held:

 Permanent Provisional Certificate of Eligibility Certificate of Eligibility with Advanced Standing

State Issued Certification by the State(s) of \_\_\_\_\_

Subject matter area(s) of certification: \_\_\_\_\_

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**ADMISSION REQUIREMENTS:** Official transcripts showing a minimum GPA of 2.5.

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I understand that this application is subject to the policies pertaining to graduate admissions and studies as outlined in the graduate catalog. The information listed on this application is true and accurate. Should any of this information be fraudulent, I understand that it may be cause for academic dismissal.

**I understand that I am applying for a special program at Montclair State University. I further understand that I am not seeking admission to a traditional degree granting program at Montclair State University and should I later apply to a degree program, I will submit official copies of the required credentials. I further understand that if I am accepted to a degree program, only six semester hours of graduate course work (including course work from Montclair State University) may be transferred to that degree program if applicable to the program and if approved by the graduate advisor.**

If Montclair State University is listed on this application as a previous/current institution, I authorize the release of any and all Montclair State University transcripts to The Office of Graduate Admissions and Support Services at Montclair State University.

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*Signature*

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*Date*

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