



COLLEGE OF ARTS AND SCIENCES

APPLICATION FOR NON-DEGREE STATUS

ONLINE GRADUATE CERTIFICATE IN HEALTHCARE ADMINISTRATION

Application for [] January [] May [] September Year _____

SOCIAL SECURITY#	TITLE	NAME (LAST, FIRST, MIDDLE)
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?

EDUCATIONAL BACKGROUND – NOTE: BACCALAUREATE DEGREE REQUIRED

COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOLS ATTENDED	DEGREES EARNED

WORK EXPERIENCE

NAME OF COMPANY	ADDRESS (CITY & STATE)	FROM	TO

Application Procedures:

Students are required to submit the following before admission to the Certificate Program:

1. Official transcript(s) showing successful completion of a baccalaureate degree from an accredited college or university
2. A current resume
3. This completed application for non-matriculation
4. Three letters of recommendation from professional sources
5. An originally written essay that addresses the following questions:
 - Please discuss your long-term career goals and the role your certificate will play in those plans.
 - Why are you applying and what are you expecting from this *online* certificate program at Seton Hall?
 - How does your background and experience contribute to the profession, the University, and your fellow students?

PLEASE NOTE CAREFULLY

In completing this form, the student indicates understanding of an agreement with the following stipulations:

1. The student is herewith applying **only** for non-matriculated or special status and is **not** enrolling in a full graduate degree program.
2. Official transcripts of records of all baccalaureate work must be submitted in support of this data form.
3. **This is not a registration form.** No special or non-matriculated student may register for any graduate course except upon written authorization from the university department or division concerned.
4. Authorization to register for any course or courses does **not** constitute a guaranteed future acceptance as a matriculated student in a full graduate degree curriculum.
5. All MHA Certificate courses with a grade of B or better can be used toward the online master's degree program in Healthcare Administration. Please call 973/313-6236, or visit <http://www.shu.edu/academics/setonworldwide/certificate-healthcareadmin.cfm> for more information.

Signature of Program Administrator

Date

Signature of Student

Date

Please mail this application to: Dr. Susan Spencer, Program Director, 353 Jubilee Hall, Seton Hall University, 400 South Orange Avenue, South Orange, NJ 07079, or fax the application to 973.275.2463.