

REGISTRATION INSTRUCTIONS

1. Complete the attached Student Information Sheet. Be sure to include the course number/name that you are registering for in the upper-left box. Also, provide a valid email address. Submit this form to the sponsoring Teacher Center along with payment.

2. All students born on or after January 1, 1957 are required to submit the attached Immunization Record Form directly to the Student Health Office at Stony Brook University. This is due prior to the start of the term. I recommend faxing a copy of your immunization record directly to the Student Health office (Fax number is 631-632-6936) and maintain your own copy. Please follow up to make sure they received it by calling them at 631-632-6740 (Select option 1). **Students out of compliance will be de-registered from their courses by the Student Health Office and the Registrar.** The Immunization Record form only needs to be submitted one time, unless you haven't been a student for years and your records are no longer on file.

In accordance with State Law and SUNY policy, we are required to distribute to all students the following materials:

1. Information relating to student code of conduct (see <http://studentaffairs.stonybrook.edu/departments/jud/docs/Code%201-22-03.pdf>)
2. Information about Meningococcal Meningitis (see <http://studentaffairs.stonybrook.edu/departments/shs/docs/Meningitis.pdf>)

By signing the "Student Information Sheet/Contract Program" you are acknowledging that you have received the above information and are authorizing the Teachers Professional Development Institute to reflect this in your Stony Brook University SOLAR System account. Your SOLAR System password will be reset to your six-digit birthday (e.g. If your birthday is August 5, 1975, your password would be "080575").

STUDENT INFORMATION SHEET / CONTRACT PROGRAM

Semester _____

Location _____

Course # _____

Course Name _____

Stony Brook ID # _____

Application # _____

Contact Information:

Primary Phone # _____

Primary Email Address **Required** _____

Personal Information:

_____ - _____ - _____ / _____ / _____
 Social Security # Date of Birth

_____ _____ _____ _____
 Last Name First Name M.I. (Maiden Name)

_____ _____ _____ _____
 Home Address City State Zip

Personal Data[^] (circle one for each category):

<u>Ethnicity</u>	<u>Marital Status</u>	<u>Sex</u>
American Indian	Single	Male
Asian	Married	Female
Black (non hispanic)	Divorced	<u>Veteran Status</u>
Hispanic	Separated	Non-veteran
White (non hispanic)	Widowed	Veteran w/ benefits
No Response	No Response	Veteran w/o benefits

Citizenship Status (circle one):

- (1) United States Citizen
- (2) Pemanent Resident or bona fide refugee
- (3) Non-immigrant F-1 Student
- (4) Non-immigrant F-2 & J-2 student
- (5) Non-immigrant J-1 student, exchange visitor
- (6) Non-immigrant, NYS resident pending
- (7) Undocumented Alien
- (8) Non-immigrant, other

*If you circled #2-9, please indicate your country of citizenship _____

*If you circled #2, please indicate your U.S. Permanent Resident Number & Date of Entry _____
 (Please attach a copy of Alien Registration Card)

Educational Information:

Where did you earn your baccalaureate degree? _____ When? _____

Have you ever taken courses at Stony Brook University? ____ Yes ____ No If yes, indicate major/degree _____

Have you ever been dismissed from Stony Brook University? ____ Yes ____ No If yes, please explain on a separate sheet.

I hereby certify that the information I have submitted is complete and accurate to the best of my knowledge.

 Signature of Student

 Date

[^]This information is required for recruitment and statistical reporting purposes. Admission to Stony Brook University is based on qualifications of the applicant, without regard to sex, race, age, color, creed, national origin, sexual orientation, disability, or handicap.

IMMUNIZATION RECORD.

Student's Name:

Last _____ First _____ Mi _____

Student ID 9-Digit Number: _____

Date of Birth: ____/____/____

Please complete and sign either Section I or all three parts of Section II or Section III.

SECTION I

List TWO dates of "MMR" (Measles, Mumps, Rubella) vaccine inoculation:

_____ & _____

Physician's signature

Date

*****OR Attach a photocopy of your
Immunization Record.**

SECTION II

A. MEASLES -Complete. **ONE** of the following.

1. TWO dates of Measles vaccination: _____ &

2. Approximate date of Measles infection (disease): _____

3. Date of blood test for Measles Immunity: _____

B. MUMPS -Complete ONE of the following.

1. Date of Mumps vaccination: _____

2. Approximate date of Mumps Infection (disease): _____

3. Date of blood test for Mumps immunity: _____

C. RUBELLA (German Measles) -ONE of the following **MUST** be completed: vaccination or blood test required.

1. Date of Rubella vaccination: _____

2. Date of blood test for Rubella Immunity: _____

Physician's signature

Date

Section III

Proof of birth date prior to January 1, 1957 exempts you from the Immunization requirement. Please attach a copy of one of the following: driver's license, birth certificate, baptismal certificate, or passport.

Mail to: Student Health Service, Stony Brook University, Stony Brook, NY 11794-3191 (include last 4 digits of zip code)
Or, fax to (631) 632-6936. If you have any questions regarding this form, please call (631) 632-6740 (option 1).