



# Post-Baccalaureate Non-Degree Application

**Term and year of registration:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  
If submitted after current registration period has ended, application will be entered for the next available term.

**Check if applicable:**  Teacher Immersion Program  Teacher Certification  Clinical Lab Science  Compliance Specialist

**Which master's degree program or field of study are you pursuing?** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Select your PIN (must be six numbers):** \_\_\_\_\_

Federal Law allows the university to require that you provide your U.S. Social Security Number for the purpose of identification and verification of student records, including, registration, financial aid, and academic records (such as GMAT, GRE, or MAT scores and transcripts), verification of identity in connection with the provision of university services, and for required state and federal reporting as well as institutional purposes. By providing your SSN, you authorize the University to disclose it to third parties as necessary for these purposes.

\_\_\_\_\_  
**Last Name** **First** **Middle** **Previous Name**

\_\_\_\_\_  
**Street Address** **City** **State** **Zip**

\_\_\_\_\_  
**County** **Primary Telephone Number** **Email Address**

**Date of Birth :** \_\_\_\_\_ **Gender:**  Male  Female **Nation of Citizenship:** \_\_\_\_\_

**Non-U.S. Only:**  Alien  Resident Alien (A copy of both sides of your Resident Alien Card is required) Visa Type: \_\_\_\_\_

**Ethnicity** (Check one of the following):  Hispanic or Latino  Not Hispanic or Latino

**Race:** (Check one or more of the following):  American Indian or Alaskan Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White

(Each State University receives federal funds and is required to solicit certain demographic information to meet federal reporting requirements. Applicants are requested to provide information voluntarily. The information will be used in a non-discriminatory manner.)

**What is the highest degree you currently hold?**  Bachelor's  Master's  Other \_\_\_\_\_

**If you are a previous FGCU student, indicate last term attended and UIN if known:** \_\_\_\_\_ / \_\_\_\_\_

**Are you in good standing (eligible to re-enter) with your last attended college or university?**  Yes  No

If no, note the reason: \_\_\_\_\_

(Students not in good standing or under suspension from any institution may not be eligible to register for non-degree courses.)

### Conduct Disclosure Statement

Are you currently, or have you ever been charged with or subject to disciplinary action for scholastic (such as plagiarism or cheating) or any other type of behavioral misconduct at any educational institution? You do not need to disclose academic dismissal, suspension, or probation for poor grades.  Yes  No

Have you ever been charged with a violation of the law, misdemeanor and/or felony (even if adjudication was withheld) which resulted in, or, if still pending could result in, probation, community service, restitution, a jail sentence or the revocation or suspension of your driver's license (you are not required to include traffic violations which only resulted in a fine)?  Yes  No

***If your answer to either of the foregoing is yes, you must attach a full explanatory statement on a separate sheet. The University will expeditiously review your request for enrollment; however your registration is prohibited until the review is complete. False or incomplete responses may result in disciplinary action; cancellation of admission and registration or invalidation of credits earned.***

I will be bound by the university's regulations concerning non-degree academic requirements. I hereby certify that I have received my bachelor's degree. I also certify that the information given in my post baccalaureate non-degree application is complete and accurate. I understand that to make false or fraudulent statements within this application or residency statement may result in disciplinary action, denial of admission and invalidation of credits earned at FGCU. If admitted, I hereby agree to abide by the policies of the Florida Department of Education and the rules and regulations of the university. Should any of the information provided in my application change prior to my admission or enrollment, I shall immediately notify the Office of Graduate Studies.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

