

STUDENT INFORMATION SHEET

Health Sciences Center, Stony Brook University

Dental Assistant program

2020

For School of Dental Medicine Use Only (circle Admit Term):

Admit Term

1204

1206

1208

Program

HDDNC/HDDNCDA

Type

NCC

Level

Non Credit

SB ID#

Are you a current Stony Brook student____ Degree Candidate____ If yes, Program____

Stony Brook ID#____ Former Stony Brook Student____ Employee____ Veteran____

Last Name (please print)

First Name

Middle Name or Initial

Other/Maiden name under which records may be found

Gender

Date of Birth (mm/dd/yyyy)

(List full name)

*Ethnic Group (circle one): Am. Indian/Alaskan Asian Black Hawaiian Hispanic Unknown White

CITIZENSHIP: U.S. Citizen: ☐ Native Birth City____, State____

☐ Naturalized Place of birth and country____

If non U.S. citizen, country of citizenship____

☐ Permanent Resident PR#A-____

☐ Non Citizen Visa Enter Current Visa Status (F1, J1, H1, K1, etc.)____

☐ Undocumented Date of Entry (mm/dd/yyyy)____

VETERAN STATUS: ☐ Active Duty (someone currently enrolled as a member of the U.S. Armed Forces)

☐ Veteran (a person who has served in the U.S. Armed Forces)

☐ Dependent (a dependent of a person who has served in the U.S. Armed Forces)

REQUIRED: ARE YOU A NEW YORK STATE RESIDENT? YES____ NO____

IF YES, LENGTH OF RESIDENCY? YEARS____ MONTHS____ IF NO, STATE OF RESIDENCY____

(Please note that you may be required to submit supporting documentation to confirm your New York State Residency.)

Did you graduate from an approved New York State High School that you attended for at least two years or have you received a New York State General Equivalency Diploma? YES____ NO____

If Yes, enter the year of graduation or GED ____

PERMANENT HOME ADDRESS (REQUIRED – DO NOT INCLUDE P.O. BOX):

Street Address, Apt. #

City

State

Zip

Telephone (include area code)____ Email Address____

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS) OR P.O. BOX:

Street Address, Apt. # or P.O. Box

City

State

Zip

**Responses are voluntary and the information will be kept confidential. Refusal to provide this information will not subject the applicant to any adverse treatment.*

Revised 9/17/19