



**Request to re-activate your 2008 Stony Brook University
 School of Nursing
 Health Sciences Center application for 2009**

M.S., Post M.S., Graduate and Doctoral Applications ONLY:

Place an 'X' next to the program you would like to re-activate

FALL only: On Campus Programs

- | | |
|---|---|
| <input type="checkbox"/> Adult Nurse Practitioner M.S. | <input type="checkbox"/> Adult Nurse Practitioner Post M.S. |
| <input type="checkbox"/> Adult Nurse Practitioner Completion M.S. | |

SUMMER only: Dist. Learning Programs

- | | |
|---|---|
| <input type="checkbox"/> Adult Nurse Practitioner M.S. | <input type="checkbox"/> Adult Nurse Practitioner Completion M.S. |
| <input type="checkbox"/> Adult Nurse Practitioner Post M.S. | <input type="checkbox"/> Adult Nurse Practitioner Doct. |

- | | |
|---|---|
| <input type="checkbox"/> Pediatric Nurse Practitioner M.S. | <input type="checkbox"/> Pediatric Nurse Practitioner Completion M.S. |
| <input type="checkbox"/> Pediatric Nurse Practitioner Post M.S. | <input type="checkbox"/> Pediatric Nurse Practitioner Doct. |

- | | |
|--|--|
| <input type="checkbox"/> Nurse Midwifery M.S. | <input type="checkbox"/> Nurse Midwifery Completion M.S. |
| <input type="checkbox"/> Nurse Midwifery Post M.S. | <input type="checkbox"/> Nurse Midwifery Doct. |

- | | |
|---|---|
| <input type="checkbox"/> Psychiatric Nurse Practitioner M.S. | <input type="checkbox"/> Psychiatric Nurse Practitioner Post M.S. |
| <input type="checkbox"/> Psychiatric Nurse Practitioner Doct. | |

- | | |
|---|---|
| <input type="checkbox"/> Neonatal M.S. | <input type="checkbox"/> Neonatal Completion M.S. |
| <input type="checkbox"/> Neonatal Post M.S. | <input type="checkbox"/> Neonatal Doct. |

- | | |
|--|---|
| <input type="checkbox"/> Perinatal/Women's Health M.S. | <input type="checkbox"/> Perinatal/Women's Health Doct. |
|--|---|

Graduate applications can be re-activated for the prior year (2008) only, without paying another application fee.

I am requesting to re-activate my 2008 application. _____
Please print First, Last Name

Date: _____ **Telephone:** _____

Address: _____

Email: _____

Mail to: Office of Student Services, Health Sciences Center, L2 - Rm 271, Stony Brook, N.Y. 11794-8276

Eligibility for re-activation will be determined upon receipt of this form. If approved, please go to <http://www.uhmc.sunysb.edu/studserv/reactivate.html> to download, complete and submit the following forms.

1. Updated Professional experience
2. Conduct questionnaire
3. One new Reference Report

Office use Only:

Your request for re-activation of your 2008 application has been:

_____ **Approved.** Please download, complete and mail the required forms indicated above.

_____ **You are not eligible to re-activate.** You must submit a new application including the \$60 application fee, payable to 'Stony Brook University'. **Date:** _____