STUDENT TERM ACTIVATION FORM
HEALTH SCIENCES CENTER
OFFICE OF STUDENT SERVICES

Admit Term	HSC Program	HSC Program Code	Level	Return from LOA	Yes / No
☐ 1121			☐ U3 ☐ G2	Return from LOA	Yes / No
☐ 1124			☐ U4 ☐ G3	Degree Candidate	Yes / No
☐ 1126			☐ G0 ☐ G4	Cert. Candidate	Yes / No
☐ 1128			☐ G1	Expected Graduation Date___/___/__	

HSC Representive's Signature_____ **Date**_____

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NAME (Enter Last Name (comma) First Name (space) Middle Initial)

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Other Name under which your record may be found

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Stony Brook ID Number   **Date of Birth (mm/dd/yryr)**   **Social Security Number (For Internal Use Only)**

⊔   ⊔   ⊔   ⊔

Gender	**Marital Status**	**Ethnic Group**	**Veteran Code**
F=Female	S=Single	W=White	V=Veteran without benefits
M=Male	M=Married	B=Black	B=Veteran with benefits
D=Divorced	A=Asian
O=Separated	H=Hispanic
W=Widowed	I=American Indian
N=Prefer not to answer	N=Prefer not to answer

Citizenship (circle one):

- **US Citizen**   ☐ **Native**
   ☐ **Naturalized**
- **Permanent Resident (Alien Perm)*** _____
   Permanent Resident Number
   (Submit copy of both sides of card)
- **Non Citizen Student Visa (Alien Temp)*** _____
   Visa Status (F1, J1, H1, K1, etc.)
   _____
   Date of entry
- **Undocumented**

*Required / Attach copy of visa documents

Permanent Home Address (Do not include PO Box)

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Street Address

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City   **State**   **Zip Code**

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NY County   **Country**   **Telephone (include area code)**

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Email Address

Mailing Address (MAIL of LOCAL):

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Street Address

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City   **State**   **Zip Code**

⊔⊔⊔⊔⊔⊔⊔⊔   ⊔⊔⊔⊔⊔⊔⊔   ⊔⊔⊔-⊔⊔⊔-⊔⊔⊔⊔
NY County   **Country**   **Telephone (include area code)**

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

_____
Signature of Student   **Date**