

**Thomas Jefferson University  
School of Health Professions  
Department of Occupational Therapy  
Non-Matriculant Application**

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Previous Name(s):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**College/University where you received your Bachelor's Degree and/or Masters the year of graduation:**

College: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Non-Matriculant Course of Study: \_\_\_\_\_

**Non-Matriculant entry term/year:**

September/20 \_\_\_\_\_  January/20 \_\_\_\_\_  May/20 \_\_\_\_\_  July/20 \_\_\_\_\_

**Check One:**

Undergraduate  Graduate

**Check One:**

In-class instruction  Online Instruction

**Course(s) selected:**

Course Name: \_\_\_\_\_ Section: \_\_\_\_\_

Course Name: \_\_\_\_\_ Section: \_\_\_\_\_

By signing this application I acknowledge that I have read and understand the conditions of non-matriculant enrollment at Thomas Jefferson University as outlined below.

I understand that:

As a non-matriculant student I have not been offered admission into a degree program at Thomas Jefferson University.

- My registration as a non-matriculant student does not guarantee future admission into a Thomas Jefferson University degree program.
- Course registration above will generate a tuition payment due on my account; as a student I am responsible for any/all transactions processed against my academic record.
- As a non-matriculant student I am not eligible for student financial assistance.
- Credits earned while I am a non-matriculant student at Thomas Jefferson University may be applied to a future degree program if applicable.
- My enrollment as a non-matriculant student is at the discretion and requires the permission of the occupational therapy department.
- I must apply with a separate application through the Office of Admissions if I want to be considered for a degree program in the future.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Representative

\_\_\_\_\_  
Date

**Step 1: Complete this application electronically**

**Step 2: Email to Nicole Wesolowski at [OTD-APC@Jefferson.edu](mailto:OTD-APC@Jefferson.edu)**