



Charles R. Drew University
of Medicine and Science

**Non-Matriculated
Enrollment Form**

Non-Matriculated enrollment is open to individuals wishing to enroll in a course (or courses) without being accepted into a degree program. This application is required of individuals interested in enrollment for the purpose of (1) meeting credentialing requirements of a state licensing agency, (2) meeting graduation requirements for another university or for continuing education, (3) to take courses for general interest, or (4) to meet prerequisite courses for a degree program at CDU or at another institution.

Enrollment as a non-matriculated student is contingent upon space availability and scheduling and is limited. To enroll as a non-matriculated student, prospective students must complete the Application for Non-Matriculated Enrollment and pay the appropriate application and student activities fee. Specific course approval must take place prior to the beginning of each semester. A maximum of 12 semester units of undergraduate coursework may be earned as a non-matriculated student. A maximum of 9 semester units of graduate coursework may be earned as a non-matriculated student.

Non-Matriculated students enrolled in CDU programs are not eligible for federal financial aid.

Non-Matriculated Enrollment in the School of Nursing

Clinical courses are not available for non-matriculated enrollment. Professional fees must be paid in addition to the tuition for the non-matriculated courses. See the University Catalog for information regarding professional fees for enrollment in nursing courses. For information about the School of Nursing professional fees, please contact the School of Nursing at 323-568-3301.

The School of Nursing offers a 30-unit enrollment option for Licensed Vocational Nurses (LVNs). This option is for LVNs that do not hold a baccalaureate degree and are interested in taking courses to prepare for the NCLEX-RN exam.

Last Name _____ First Name _____ Initial _____

Birth Date (MM/DD/YYYY) _____

Permanent Address _____
Street Address City State Zip Code

Mailing Address (if different from Permanent Address)

Mailing Address _____
Street Address/P.O. Box City State Zip Code

Telephone _____ Email _____

Anticipated Start Date: Fall ____ Spring ____ Summer ____ Year 20 ____ (Example: 2023)

Have you attended CDU previously? Yes No

If yes, what was your most recent term of enrollment:

Term ____ Year ____ Program of Study _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Telephone No. _____

COURSES

List courses for which you would like to register as a Non-Matriculated student. Note: Enrollment in the requested courses is contingent upon space availability and scheduling.

Dept. & Course (ex. B/O 120)	Course Title	Units

Note: For ICD-10-CM Training, applicants must have completed Anatomy & Physiology, Medical Terminology and be ICD-9 certified.

CERTIFICATION/SIGNATURE

I certify that all information provided on this application is complete and accurate. I understand that falsification, misrepresentation, or omission of information on this application and/or my credentials may result in the denial or revocation of admission, including dismissal from Charles R. Drew University of Medicine and Science.

Print Name

Signature

Date

Send to: **Office of Enrollment**
ADMISSIONSINFO@CDREWU.EDU
Charles R. Drew University of Medicine and Science
1731 East 120th Street
Los Angeles, Ca 90059

Charles R. Drew University of Medicine and Science does not discriminate on the basis of creed, ethnicity, color, sex, religion, national origin, marital status, sexual orientation, mental or physical disability, or age in any of its policies, practice, or procedures.

APPROVAL

Program Director Name

Program Director Signature

Date