

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 are required to pay the corresponding tuition and fees and must make full payment at the time of registration.

Non-Matriculated Enrollment in the College 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 College of Nursing professional fees, please contact the College of Nursing at 323-568-3301.

The College 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
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 enrollm	ent:		
Term Year	Program of Study		
EMERGENCY CONTACT INFORMATION			
Name Rela	tionship	Telephone No	

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Courses	_		_	_
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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.

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

Dept. & Co	urse (<i>ex. BIO 120</i>)	Course Title	Unit
CERTIFICATI	ION/SIGNATURE		
		ovided on this application is complete and accurate. I unde	
=		n of information on this application and/or my credentials ding dismissal from Charles R. Drew University of Medicine	-
revocation	or admission, inclu	uning distribusion charles K. Drew Oniversity of Medicine	: and Science.
Print Name	·	Signature	Date
Send to:	Office of Admis	sions	
		FO@CDREWU.EDU	
	1731 East 120 th	University of Medicine and Science Street	
	Los Angeles, Ca	90059	
		licine and Science does not discriminate on the basis of creed, eth mental or physical disability, or age in any of its policies, practic	
APPROVAL			
Program Di	rector Name	Program Director Signature Da	ete

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