VISITING STUDENT APPLICATION

Please submit this application with a $70 non-refundable application fee to the appropriate Office of Graduate Admission, accompanied by a sealed envelope containing an original statement from the graduate school in which you are currently enrolled that includes the following:

1. The graduate degree program in which you are matriculated;
2. Verification that you are a graduate student in good standing; and
3. An official university seal or signature.

Name _____
First Middle Last

Present Address _____
Street City State Zip

Home Telephone (_____) _____ Business Telephone (_____) _____
Area Code / Number Area Code / Number

Fax (_____) _____ E-mail _____
Area Code / Number

Are you a US citizen or permanent resident? ☐ Yes ☐ No

International students who require an F1 visa are not eligible to enroll as a visiting student.

Institution Currently Attending_____
Name Location

Semester in which you wish to enroll: ☐ Fall _____ ☐ Spring _____ ☐ Summer I _____ ☐ Summer II _____
Year Year Year Year

Campus: ☐ New York City ☐ Westchester

Graduate program you wish to attend:

☐ COLLEGE OF HEALTH PROFESSIONS

DYSON COLLEGE OF ARTS AND SCIENCES

- ☐ Biochemistry and Molecular Biology
- ☐ Counseling
- ☐ Environmental Policy
- ☐ Environmental Science
- ☐ Forensic Science
- ☐ Media and Communication Arts
- ☐ Psychology
- ☐ Public Administration
- ☐ Publishing

☐ LUBIN SCHOOL OF BUSINESS

☐ SCHOOL OF EDUCATION

☐ SEIDENBERG SCHOOL OF COMPUTER SCIENCE AND INFORMATION SYSTEMS

You may register for a maximum of TWO COURSES on a space-available basis. Courses must be completed in the semester indicated above.

_____ _____
Course Number Title

_____ _____
Course Number Title

Have you ever applied to or enrolled in any graduate program at Pace University? ☐ Yes ☐ No

If yes, please indicate: Semester _____ Year _____ Program _____

I certify that all of the information provided by me or on my behalf in support of my application for admission is complete and accurate. I acknowledge that I am obligated to supplement my application as soon as I know or reasonably should know if the information I have provided or that was provided on my behalf is inaccurate or incomplete. I also certify that the personal statement submitted in support of my application for admission is solely my own original work. I acknowledge that Pace University may, at its sole discretion, verify any information submitted in conjunction with my application. I acknowledge that if I omit relevant information or provide inaccurate information or information that is misleading, submit a personal statement that is not solely my own original work, or if I fail to supplement my application as required, Pace University may, at its sole discretion, deny my application for admission, rescind my admission, impose disciplinary sanctions against me, dismiss me from Pace University, and/or rescind any degrees or certificates awarded to me by Pace University.

I acknowledge that the application fee I have paid or will pay in the future is not refundable.

I acknowledge that I am bound by the policies, practices, and procedures of Pace University, whether published or unpublished, and I agree to comply with them.

Date_____/_____/_____ _____
Month Day Year Signature of Applicant

2016