

## TUITION DEPOSIT

To reserve your space in the class and secure your scholarship and financial aid, you must submit a nonrefundable \$100 tuition deposit\* by **May 1, 2017**, or 10 days after receipt of your letter of admission, whichever is later.

You may submit your deposit and complete the form online at [www.pace.edu/accepted](http://www.pace.edu/accepted) or submit the form on the reverse side and return it with your tuition deposit to the campus of your choice.

### ■ New York City Campus

Office of Undergraduate Admission  
Pace University  
One Pace Plaza  
New York, NY 10038-1598

### ■ Westchester Campus

Office of Undergraduate Admission  
Pace University  
861 Bedford Road  
Pleasantville, NY 10570-2799

For more information, visit  
[www.pace.edu/accepted](http://www.pace.edu/accepted).

\*Tuition deposits are refundable if the University receives a written request before May 1, 2017.

# Tuition Deposit/Student Info

■ Due May 1, 2017

Please print clearly in black or blue ink. You can also complete this form online at [www.pace.edu/accepted](http://www.pace.edu/accepted).

Indicate the campus to which you were admitted:  **New York City**  **Westchester** (Pleasantville)

**All Students: Enclose the nonrefundable tuition deposit of \$100.**

**Male**  **Female** **Date of Birth** \_\_\_\_\_ **Student ID Number U** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_

**Home or Permanent Address** \_\_\_\_\_

**Mailing Address (if different from home or permanent address)** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

**Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Business** \_\_\_\_\_

I will enter the University in the fall 2017 semester as a

First-year student  Transfer Major \_\_\_\_\_

### Credit Card Authorization for Prepayment and/or Deposit

Card Holder's Name \_\_\_\_\_

Card Holder's Cell Phone Number \_\_\_\_\_

Visa  American Express  MasterCard  Discover

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Total Charge Amount \_\_\_\_\_

I authorize Pace University to charge the above credit card number for tuition deposit cost.

Signature \_\_\_\_\_