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 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.

*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.

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

Telephone __________________________________________    □ First-year student    □ Transfer Major __________________________

Cell Phone __________________________________________

EMERGENCY CONTACT INFORMATION:

Name __________________________________________

Relationship __________________________________________

Telephone __________________________________________

Business __________________________________________

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 __________________________