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ELIGIBILITY

Applicants to Pace University graduate degree and certificate programs must hold a bachelor's degree from an accredited college or university if post-secondary education was completed in the United States. Applicants who are currently in their senior year at an undergraduate institution may apply for admission, but acceptance is contingent upon receipt of a final transcript indicating all senior year grades and receipt of the bachelor's degree. Applicants who have attended institutions outside of the United States must hold a degree equivalent to a US bachelor's degree.

All information provided in the application must be accurate and complete. Any misrepresentation in or omission of facts from the application will justify a denial or revocation of admission or subsequent dismissal from the graduate program. The Office of Graduate Admission reserves the right to verify any or all information in the application and supporting documentation.

PACE UNIVERSITY GRADUATE MERIT SCHOLARSHIPS

Merit-based scholarships are awarded to entering full-time and part-time matriculated graduate students who demonstrate exceptional scholastic ability. The Scholarship Committee considers each applicant's academic record to determine the scholarship award. All students admitted to a degree program are automatically reviewed for scholarship. There is no separate application to be completed. Domestic scholarship recipients must register for a minimum of six (6) credits per fall and spring semesters. Other credit requirements and criteria will apply to BSN/MS.

ADMISSION CATEGORIES

Matriculant

Applicants who wish to pursue a graduate degree or certificate at Pace University should apply for matriculant status. The University has established the following criteria as the most critical in the evaluation of applications for matriculant status: scholastic achievement and a desire to excel as evidenced by previous academic work; aptitude for graduate study as indicated by scores on an admission test (if required), motivation, leadership potential, and maturity as evidenced by work and/or volunteer experience, extracurricular activities, recommendations, and responses to questions on the application.

Alumni Auditor

Alumni of Pace University's Lienhard graduate programs are eligible to audit graduate classes subject to the approval of the instructor and space limitations. Students must have the necessary background for admission to courses; not every course is open to alumni auditors. Interested alumni should file an Alumni Auditor Application with the Office of Student Assistance during the second week of the desired semester.

SPECIAL INSTRUCTIONS

DEFERRALS

Students who have been admitted to a graduate program at Pace University but who wish to delay their entrance for a period of time may request a deferral by writing to the Office of Graduate Admission prior to the start of the semester for which admission has been granted. The request must specify the semester the student anticipates entering the program. The graduate admission staff considers each request for deferral individually and retains the right to grant or deny admission for a future semester.

DECISION APPEAL

An applicant who is not approved for admission may appeal the decision. The appeal should be made in writing to the Office of Graduate Admission within one month of notification of denial.
INTERNATIONAL STUDENT INFORMATION

APPLICATION FEE

International students are only eligible to apply to the Accelerated Bachelor of Science in Nursing (ASBN) one-year program and the PA program. Applicants from outside the United States must remit the $70 application fee by international money order or by a check drawn from a US bank.

DEADLINE DATE AND STATUS

International applicants who require a student visa are advised to apply well before the priority deadline dates, and must apply for full-time matriculated status.

TRANSCRIPTS

If foreign language transcripts are issued, English translations must accompany the original transcript. Pace will accept translations and evaluations in the following manner: 1) sent from any NACES (www.naces.org) accredited translation evaluator (preferred) 2) sent and attested by the institution of origin 3) the student’s Ministry of Education 4) a US consular officer or 5) an EducationUSA adviser (www.educationusa.state.gov).

To help expedite the process and review of an application, it is suggested that an academic evaluation of foreign course work be submitted with all translations.

All materials submitted become the confidential property of Pace University and cannot be returned or forwarded to the applicant or a third party.

ENGLISH LANGUAGE PROFICIENCY TESTS

Students who earned a bachelor’s degree in a country where English is not the official language and English is not their first language must submit a Test of English as a Foreign Language (TOEFL), International English Language Testing System (IELTS), or Pearson Test of English (PTE) score that is no more than two years old.

A minimum TOEFL score of 88 (Internet version), an IELTS score of 7.0, or a Pearson PTE score of 60 is preferred to demonstrate the requisite proficiency in English for admission to Pace University. Once a student submits an application, the Admission Committee will advise about being admitted into this program.

Students who submit proof of citizenship from a country where English is the official language may have the English language proficiency test requirement waived. For more information, visit www.pace.edu/English.

STUDENT VISAS

To receive the form I-20 from Pace University, which is required to obtain an entry visa, the applicant must demonstrate that he or she has sufficient funds available to pay for tuition and living expenses for one year of study in the United States.

Students must provide evidence of additional financial support of $5,000 per year for a spouse and $5,000 per year for each child that accompanies the student to the United States.

All applicants who will require Pace University’s student visa must submit the Pace University Financial Affidavit for International Students included in this application packet.

All monies pledged on the Pace University Financial Affidavit for International Students must be verified. Monies can be verified in any one or more of the following ways:

A. A bank letter on bank letterhead in English, which contains the applicant’s or applicant’s sponsor name, account number, the amount of money in US dollars, and the signature of a bank official;
B. A letter of support from a sponsoring scholarship program, fellowship program, or grant organization.

ADDITIONAL INFORMATION

Information regarding applying for a non-immigrant visa or transferring/ changing status if already in the US will be included in the official acceptance packet. In order to assist students, it is required that a home address be provided on the application for admission.

Please note that, as specified by US immigration regulations, students who have entered the US on a tourist visa or on a visa waiver must be in proper status prior to enrolling in classes.

Special situations regarding immigration status should be discussed with an adviser in the Office of International Programs and Services.

Students should please submit a copy of the first page (data information) and last page (current address) of their current passport. This should be submitted with the other documentation required for Pace University to issue the form I-20.
APPLICATION INSTRUCTIONS

Please complete and mail your application to the appropriate Office of Graduate Admission. Be sure to sign the last page of the application and all additional papers. Applicants to the DNP program must fill out the DNP application at www.pace.edu/DNP. PA applicants must apply at www.pace.edu/PASTudiesApply. PA studies completion program applicants must apply at www.pace.edu/PACompletionApply. To check the status of your application visit applicantportal.pace.edu.

APPLICATION DEADLINES

All master’s and doctoral level nursing programs (Fall admission only), and
Accelerated Bachelor of Science in Nursing (ABSN) only (Fall admission—NYC Campus)
Priority deadline...........................................................................................................................March 1
Applications will be accepted and reviewed until April 15.

Accelerated Bachelor of Science in Nursing (ABSN) only (Spring admission—Westchester Campus)
Deadline.................................................................................................................................September 15

PA Studies Completion Program (Spring).............................................................................December 1

PA Program (Summer)..........................................................................................................September 1
PA applicants must apply at www.pace.edu/PASTudiesApply.
Pace University Application for Graduate Admission

Complete and return the application along with the $70 non-refundable application fee. Please print neatly using blue or black ink or type.

Mr.  Ms.

Last Name

Middle Name Jr., III, etc.

Date of Birth (MM/DD/YYYY)

Gender  Male  Female

Social Security Number*

Address 1

Apt. #

City

State

Zip/Postal Code

---

Home Phone Number

Business Phone Number

Fax Number

E-mail Address

If any records will be under another name(s), please indicate.

Mailing Address

Address 2

Country

---

E-mail Address

Are you Hispanic/Latino?  Yes, Hispanic or Latino (including Spain)  No

If yes, please describe your background_______________________________

If you answered No, or if you answered Yes and wish to describe yourself further, please check one or more from the list below.

American Indian or Alaska Native (including all Original Peoples of the Americas)

Asian (including Indian subcontinent and Philippines)

Native Hawaiian or Other Pacific Islander (Original Peoples)

Black or African American (including Africa and Caribbean)

White (including Middle Eastern)

Other______________________________________________________

Is English your native language?  Yes  No

Ethnicity (optional)

If yes, please enter Tribal Enrollment Number

Native language (if other than English) ________________________________________________________________________

Is English your native language?  Yes  No

Campus:  New York City  Westchester

Status:  Full-Time  Part-Time

Semester:  Fall  Spring  Summer I  Summer II  20

If accepted for graduate study, will you need campus housing?  Yes  No

International applicants who will require a student visa must apply for full-time study.

Are you a spouse of a veteran using their benefits?  Yes  No

Are you a dependent of a veteran using their benefits?  Yes  No

Have you previously applied to or enrolled in any school or program of Pace University?  Yes  No

If yes, please explain (include school, program, and entry term date):

Please indicate your degree or certificate objective:

(The Accelerated Bachelor of Science in Nursing (ABSN) New York City program begins in September. The ABSN Westchester program begins in January.)

Accelerated Bachelor of Science in Nursing (ABSN): for non-nurse college graduate

Full-time Accelerated Bachelor of Science in Nursing (ABSN) one-year plan (N.Y.C and Westchester)

Accelerated Bachelor of Science in Nursing (ABSN) two-year plan (N.Y.C and Westchester)

All prerequisites must be completed prior to starting the program. Transcripts and catalog descriptions of this course work should be sent to the appropriate Office of Graduate Admissions.

MS for RNs with a bachelor's in a non-nursing major

Are you a licensed RN?  Yes  No

If yes, please indicate state in which you are an RN.

MS Family Nurse Practitioner (N.Y.C and Westchester) (part-time only)

MS Professional Nursing Leadership (clinical nurse leader masters)

Certificate of Advanced Graduate Study in Nursing

Adult Acute Care Nurse Practitioner

Family Nurse Practitioner (N.Y.C and Westchester) (part-time only)

Professional Nursing Leadership

Doctor of Nursing Practice Advanced Standing (New York City)

Doctor of Nursing Practice Advanced Standing–FNP

Doctor of Nursing Practice Advance Standing–Adult Acute Care Nurse Practitioner

DNP Bridge Program

For primary care, adult, pediatric, geriatric, and women’s health nurse practitioners. For application and recommendation forms, visit www.pace.edu/DNP.

MS Physician Assistant Studies

Applications will only be accepted through the CASPA website. For application, visit www.pace.edu/PASTudiesApply.

MS Physician Assistant Studies Completion Program

For application, visit www.pace.edu/PACompletionApply.
If applicable, please indicate when the TOEFL, IELTS, or Pearson PTE test was or will be taken: 


Test Date (MM/DD/YYYY)

Are you or an immediate family member an employee of Pace University?  

Yes  

No  

If yes, please explain:

Please provide the information below:

Current Employer

City  

State  

Country

Does your employer provide tuition reimbursement?

Yes  

No

Are you a citizen of the United States?  

Yes  

No  

Are you a permanent resident of the United States?  

Yes  

No

If you are not a US citizen or permanent resident, please complete the following:

If accepted for admission to Pace University, will you need a Certificate of Eligibility (I-20) for a student visa?  

Yes  

No

If no, please indicate visa status you hold or will hold:

Visa

Occupation in Your Home Country

City of Birth  

Country of Birth  

Country of Citizenship

Are you a citizen of the United States?  

Yes  

No  

Are you a permanent resident of the United States?  

Yes  

No

If you are not a US citizen or permanent resident, please complete the following:

If accepted for admission to Pace University, will you need a Certificate of Eligibility (I-20) for a student visa?  

Yes  

No

If no, please indicate visa status you hold or will hold:

Visa

Occupation in Your Home Country

City of Birth  

Country of Birth  

Country of Citizenship

Are you now in the USA?  

Yes  

No

If yes, please indicate your present visa status below and provide your home country address:

Visa Status  

College / Organization / Employer  

City  

State

Home Country Address:

Please explain here if this visa status expires prior to your anticipated Pace University enrollment date:

(Please note: If you do not provide this information, we cannot process your I-20.)

Will dependents accompany you in the US?  

Yes  

No

If yes, please provide information below:

(Please attach information regarding additional dependents who will accompany you.)

Last Name

First Name  

Middle Name

Date of Birth (MM/DD/YYYY)

City of Birth  

Country of Birth  

Relationship to Student

Which of the following was the biggest influence in your decision to apply to Pace University? (Fill in the appropriate circle):

- Accelerated Admission Day Event
- Attended a Pace Information Session
- Campus Location
- Career Services and Internship Program
- College or Professional Fair
- Course Offerings
- Financial Aid/Scholarship Offerings
- Information on Pace Website
- Online Chat with Department/Admissions Counselor
- Phone or In-Person Meeting with Pace Admission Counselor
- School Publication Received in the Mail
- Recommendation from Current Pace Student
- Recommendation from Pace Alumni
- Recommendation from Pace Faculty/Staff Member
- Recommendation from Employer
- Tour of Pace University Campus
- Attended a Special Event with Chosen Program

Have you completed or are you currently enrolled in a nursing degree program?  

Yes  

No

Have you ever been enrolled in another nursing program?  

Yes  

No  

If yes, explain the reason that you did not graduate from the program:

2016
Please list, in chronological order, all colleges or universities attended since your high school graduation. Be sure to include all institutions at which you were, are, or will be enrolled prior to your anticipated Pace University graduate program entry term. An official transcript from each institution must be received by the Pace University Office of Graduate Admission. All documents not issued in English must be supplemented by professionally certified English Translations.

Have you ever been placed on academic or disciplinary probation or been dismissed from any institution?  
If yes, please attach your statement of the circumstances.  

Have you ever been convicted of or plead guilty to a misdemeanor or felony?  
If yes, please explain on a separate piece of paper (response required).  

Note: Answering yes to either of the two questions above does not automatically bar you from admission to Pace University

A personal statement, resume, and recommendation are required. Please refer to page 4 of this booklet.

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.

Applicant’s Signature  
Date (MM/DD/YYYY)

Please print name

Non-Discrimination Statement

Pace University prohibits and will not tolerate discrimination or harassment in any of its programs or activities on the basis of sex, race, color, national origin, religion, creed, age, disability, citizenship, marital status, sexual orientation, genetic predisposition or carrier status, veteran status, or any other characteristic protected by law. Pace University’s Affirmative Action Officer has been designated to handle inquiries regarding the University’s non-discrimination and harassment policy and may be contacted at 156 William Street, New York, New York 10038, (212) 346-1310, or at Marks Hall, Room 20, 861 Bedford Road, Pleasantville, New York 10570, (914) 773-3856.

Reasonable Accommodations

Pace University prohibits discrimination on the basis of disability and is committed to ensuring equal access to the application process for applicants with disabilities. An applicant who may require a reasonable accommodation in order to complete the application process should contact the Director of Disability Services on either the New York City (212) 346-1526 or Westchester Campus (914) 773-3710.
RECOMMENDATION FORM

To the Applicant—Please complete the section below. Indicate the location to which the recommender should forward this form. DNP applicants should not use this form; they are expected to submit two letters of recommendation that describe the applicant’s (advanced) clinical practice, potential for achievement in graduate study, and potential for professional achievement. The letters of recommendation should address the applicant’s intellectual ability, ability to work with others, ability in written and oral expression, maturity, initiative/independence, and creativity/originality.

Office of Graduate Admission (New York City)  Office of Graduate Admission (Westchester)
Pace University  Pace University
One Pace Plaza  One Martine Avenue
New York, NY 10038-1598 USA  White Plains, NY 10606-1932 USA
Phone: (212) 346-1531 Phone: (914) 422-4283
Fax: (212) 346-1585 Fax: (914) 422-4287
E-mail: graduateadmission@pace.edu E-mail: graduateadmission@pace.edu

Applicant Name __________________________________________________________________________________________________
First Middle Last
Applicant Address ________________________________________________________________________________________________
________________________________________________________________________________________________________________
Applicant Day Telephone (________) ________________________   Evening Telephone (________) ___________________________
Area Code / Number   Area Code / Number
Fax (________)__________________________        E-mail ________________________________
Area Code / Number

Location  □ New York City  □ Westchester

Applicant Entry Term  □ Fall _______  □ Spring _______  □ Summer I _______  □ Summer II _______
Year Year    Year Year

CONFIDENTIALITY STATEMENT—Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your educational records if you attend Pace University. You may waive your right of access to this specific recommendation if you choose. Your decision to waive or not to waive your right of access will have no effect on your application for admission. Please check the appropriate box and sign your name below:

□ I hereby waive my right of access to this recommendation.  □ I do not waive my right of access to this recommendation.

To the Recommender—Please complete both sides of this form and return it to the Office of Graduate Admission indicated above. If you wish to use a letter or different format, please feel free to do so. Thank you for your assistance.

Name of Recommender (Please print) ________________________________________________________________________________

Signature of Recommender _________________________________  __________ / __________ / __________
        Month     Day     Year

Position or Title ________________________________  School or Firm ________________________________________________

Address ________________________________________________
Number and Street City State Zip Code

Telephone (________) _________________________________
Area Code / Number

In what capacity have you known the applicant? ________________________________

What is your overall recommendation?
□ Strongly recommend  □ Recommend  □ Recommend with some reservation  □ Do not recommend
The Admission Committee would appreciate your candid appraisal of the applicant.

<table>
<thead>
<tr>
<th></th>
<th>Outstanding (Top 2%)</th>
<th>Superior (Top 10%)</th>
<th>Good (Top Third)</th>
<th>Fair (Middle Third)</th>
<th>Poor (Bottom Third)</th>
<th>No basis for judgment</th>
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</thead>
<tbody>
<tr>
<td>Intellectual Ability</td>
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</table>

What are the applicant’s primary strengths and weaknesses? If possible, please describe specific instances or accomplishments which demonstrate them. Describe the applicant’s current assignment and special responsibilities, if applicable.

Please assess the applicant in the following areas:
   a. Area of specialization (technical knowledge, analytical ability, attention to detail, etc.)
   b. Potential for achievement in graduate study
   c. Potential for professional achievement
RECOMMENDATION FORM

To the Applicant—Please complete the section below. Indicate the location to which the recommender should forward this form. DNP applicants should not use this form; they are expected to submit two letters of recommendation that describe the applicant’s (advanced) clinical practice, potential for achievement in graduate study, and potential for professional achievement. The letters of recommendation should address the applicant's intellectual ability, ability to work with others, ability in written and oral expression, maturity, initiative/independence, and creativity/originality.

Office of Graduate Admission (New York City) Office of Graduate Admission (Westchester)
Pace University Pace University
One Pace Plaza One Martine Avenue
New York, NY 10038-1598 USA White Plains, NY 10606-1932 USA
Phone: (212) 346-1531 Phone: (914) 422-4283
Fax: (212) 346-1585 Fax: (914) 422-4287
E-mail: graduateadmission@pace.edu E-mail: graduateadmission@pace.edu

Applicant Name __________________________________________________________________________________________________
First Middle Last
Applicant Address ______________________________________________________________________________________________
________________________________________________________________________________________________________________
Applicant Day Telephone (________) ________________________   Evening Telephone (________) ___________________________
Area Code / Number Area Code / Number
Fax (________)__________________________        E-mail ________________________________
Area Code / Number

Location ☐ New York City ☐ Westchester
Applicant Entry Term ☐ Fall _______   ☐ Spring _______   ☐ Summer I _______ ☐ Summer II _______
Year Year Year Year

CONFIDENTIALITY STATEMENT—Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your educational records if you attend Pace University. You may waive your right of access to this specific recommendation if you choose. Your decision to waive or not to waive your right of access will have no effect on your application for admission. Please check the appropriate box and sign your name below:
☐ I hereby waive my right of access to this recommendation. ☐ I do not waive my right of access to this recommendation.

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Name of Recommender (Please print) ________________________________________________________________________________
Signature of Recommender _________________________________ _ _ _ _______________________          ________/________/________
Month Day Year
Position or Title _________________________________  School or Firm ____________________________________________________
Address _________________________________________________________________________________________________________
Number and Street                                                                City                                                                    State                        Zip Code
Telephone (________) _____________________________
Area Code / Number
In what capacity have you known the applicant? ______________________________
What is your overall recommendation?
☐ Strongly recommend ☐ Recommend ☐ Recommend with some reservation ☐ Do not recommend
The Admission Committee would appreciate your candid appraisal of the applicant.

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Please assess the applicant in the following areas:
  a. Area of specialization (technical knowledge, analytical ability, attention to detail, etc.)
  b. Potential for achievement in graduate study
  c. Potential for professional achievement
GRADUATE ASSISTANTSHIP APPLICATION

Please complete this form, attach a copy of your resume and forward to:

Sophie R. Kaufman, DPS
Assistant Dean for Grants and Strategic Initiatives
College of Health Professions
Center of Excellence-ALPS
Pace University, LSN LH 314
861 Bedford Road
Pleasantville, NY 10570
skaufman@pace.edu
Tel: (914) 773-3636
Fax: (914) 773-3339

To the Applicant—Please complete both sides of this application.

Name  □Ms. □Mr. ___________________________________________  ___________________________________________  ____________
First Name                                                               Last Name                                                             U Number

Present Address ______________________________________________________
Street                                          City                                                                                   State                        Zip Code

Permanent Address ______________________________________________________
Street                                          City                                                                                   State                        Zip Code

Day Telephone (_____) ___________________________  _________
Area Code / Number                                        Ext.

Cell Number (_____) ___________________________        E-mail ______________________________________
Area Code / Number

Anticipated entry term:
☐ Fall _______    ☐ Spring _______    ☐ Summer I _______    ☐ Summer II _______
Year  Year                   Year                   Year

Please indicate your campus location:    ☐ New York City     ☐ Westchester

Please indicate your availability to work as a Graduate Assistant:    ☐ 10 hours per week     ☐ 5 hours per week

Please indicate the Pace University graduate degree program to which you are applying __________________________________________

Undergraduate Institution __________________________________________

Undergraduate Grade Point Average _________    Previous graduate institution, major, GPA (if applicable) __________________________________________

TOEFL, IELTS, or Pearson PTE score (if applicable)    Total _____________     Date_______/_______/_______
Month         Day        Year

Please complete the Skills Questionnaire on the next page

I understand and agree that my admission, if granted, my registration and continuance on the rolls and graduation are subject to all policies, rules, regulations, and procedures set forth in the current bulletins, catalogs, and other publications, and notices of Pace University and as they may be amended, including but not limited with respect to scholarship, discipline, attendance, and payment or abatement of fees.

Applicant Signature ___________________________________________  Date _________/_________/_________

2016
# GRADUATE ASSISTANT—SKILLS QUESTIONNAIRE

Please rate your level of graduate experience with each of the areas listed below. You do not have to be an expert in all areas to qualify for the position. We are looking for graduate assistants with a variety of skills.

<table>
<thead>
<tr>
<th>Area</th>
<th>Very Confident</th>
<th>Some Experience</th>
<th>No Experience</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Library Research</td>
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<tr>
<td>2. Searching Databases</td>
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<tr>
<td>3. Reference Management Software: Endnote, Zotero</td>
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<td>4. Writing</td>
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<td>5. Editing Manuscripts</td>
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<td>6. Statistics</td>
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<td>7. Statistical Software: SPSS, SAS</td>
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<tr>
<td>8. Survey and Research Software: Qualtrics</td>
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<td>9. Teaching</td>
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<td>10. Tutoring</td>
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<tr>
<td>11. Assisting Faculty in Classroom</td>
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<td>12. Assisting Faculty Online (Blackboard)</td>
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<td>13. Microsoft Office (Excel, PowerPoint)</td>
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<td>14. Web Page Design</td>
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<td>15. Foreign Languages (please specify):</td>
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<td>16. Other Skills (please specify):</td>
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</table>

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Pace University does not discriminate in admission, administration of programs, or employment against any individual on the basis of that individual's sex, age, race, religion, sexual orientation, disability, or national origin, marital or domestic partnership status, or veteran status. Inquiries regarding compliance with related federal regulations may be directed to: Affirmative Action Officer, Pace University, One Pace Plaza, New York, NY 10038, or to the Director of the Office for Civil Rights, US Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC, 20201.
FINANCIAL AFFIDAVIT FOR INTERNATIONAL STUDENTS

An international applicant accepted for admission to a graduate program at Pace University who requires a Certificate of Eligibility for a student visa must submit the International Applicant Financial Affidavit below. The completed affidavit must be submitted with a letter from a bank indicating the availability of sufficient funds in US dollars available for one year of study. Applicants are advised to obtain two sets of bank documentation in order to have one set for the embassy use.

If any financial support is to be provided by one or more sponsors, the Sponsor(s) Affidavit(s) of Support must also be submitted and the sponsor(s) must provide the required bank documentation. (Note: The Sponsor Affidavit of Support which follows this page may be reproduced.)

I certify that I have __________________ US dollars available to me for the following expenses of my graduate education at Pace University.

I have indicated the source of my financial support below and have attached original bank documentation in US dollars. The information I have provided on this affidavit is correct and complete. I know that giving false information on this affidavit or in support documentation may result in the cancellation of my admission to Pace University. I also understand that the entire tuition and general institution fee is due at the time of registration for each term, that the insurance cost is an annual fee, and that costs may rise in succeeding terms. I also understand that if I am required to enroll for English language coursework, additional costs will ensue.

COLLEGE OF HEALTH PROFESSIONS
Accelerated Bachelor of Science in Nursing Degree—ABSN (One-Year Program)

2016–2017 Total Estimated Expenses for the Fall and Spring Terms

- **Tuition and Fees (18 credits)**: $39,307.00
- **Living Expenses (room and board)**: $17,343.00
- **Health Insurance**: $950.00
- **Other (books, personal expenses, and transportation)**: $2,780.00
- **Total**: $60,380.00

If you have been awarded a merit scholarship, you may deduct the amount here:

**Total**: $__________________

________________________    _______/________/_______    __________________________________________
Signature                                                                                        Month      Day         Year           Print Name
_________________________________________________________________________________________________________________
Print Address
__________________________________      __________________________________     _______________________________________ 
Telephone Fax E-mail 

* Subject to change.

** Each sponsor must complete an affidavit of support (see reverse side) and submit official bank documentation verifying availability of funds.
SPONSOR AFFIDAVIT OF SUPPORT

TO BE COMPLETED BY SPONSOR 1

I certify that I am willing and able to sponsor ___________________________ with the minimum amount of _______________________ US dollars for her/his graduate tuition and living expenses while attending Pace University. I have attached original bank documentation in US dollars dated and signed by a bank official no more than six months before the student's enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

____________________________________________  _______/________/_______   _______________________________________________
Signature                                                                                        Month          Day             Year        Relationship to Student

Print Name                                                                                                          Sponsor Citizenship

Print Address                                                                                                                                                Telephone Number

Fax Number E-mail

SPONSOR AFFIDAVIT OF SUPPORT

TO BE COMPLETED BY SPONSOR 2

I certify that I am willing and able to sponsor ___________________________ with the minimum amount of _______________________ US dollars for her/his graduate tuition and living expenses while attending Pace University. I have attached original bank documentation in US dollars dated and signed by a bank official no more than six months before the student's enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

____________________________________________  _______/________/_______   _______________________________________________
Signature                                                                                        Month          Day             Year        Relationship to Student

Print Name                                                                                                          Sponsor Citizenship

Print Address                                                                                                                                                Telephone Number

Fax Number E-mail

SPONSOR AFFIDAVIT OF SUPPORT

TO BE COMPLETED BY SPONSOR 3

I certify that I am willing and able to sponsor ___________________________ with the minimum amount of _______________________ US dollars for her/his graduate tuition and living expenses while attending Pace University. I have attached original bank documentation in US dollars dated and signed by a bank official no more than six months before the student's enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

____________________________________________  _______/________/_______   _______________________________________________
Signature                                                                                        Month          Day             Year        Relationship to Student

Print Name                                                                                                          Sponsor Citizenship

Print Address                                                                                                                                                Telephone Number

Fax Number E-mail
FINANCIAL AFFIDAVIT FOR INTERNATIONAL STUDENTS

An international applicant accepted for admission to a graduate program at Pace University who requires a Certificate of Eligibility for a student visa must submit the International Applicant Financial Affidavit below. The completed affidavit must be submitted with a letter from a bank indicating the availability of sufficient funds in US dollars available for one year of study. Applicants are advised to obtain two sets of bank documentation in order to have one set for the embassy use.

If any financial support is to be provided by one or more sponsors, the Sponsor(s) Affidavit(s) of Support must also be submitted and the sponsor(s) must provide the required bank documentation.
(Note: The Sponsor Affidavit of Support which follows this page may be reproduced.)

I certify that I have ____________ US dollars available to me for the following expenses of my graduate education at Pace University.

I have indicated the source of my financial support below and have attached original bank documentation in US dollars. The information I have provided on this affidavit is correct and complete. I know that giving false information on this affidavit or in support documentation may result in the cancellation of my admission to Pace University. I also understand that the entire tuition and general institution fee is due at the time of registration for each term, that the insurance cost is an annual fee, and that costs may rise in succeeding terms. I also understand that if I am required to enroll for English language coursework, additional costs will ensue.

COLLEGE OF HEALTH PROFESSIONS
PHYSICIAN ASSISTANT PROGRAM
2016–2017 TOTAL ESTIMATED EXPENSES FOR THE FALL AND SPRING TERMS*

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>US Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>(self or sponsor**)</td>
<td>$23,470.00</td>
</tr>
<tr>
<td>(self, sponsor**, or scholarship)</td>
<td>$17,343.00</td>
</tr>
<tr>
<td>(self, sponsor**, or scholarship)</td>
<td>$950.00</td>
</tr>
<tr>
<td>(self, sponsor**, or scholarship)</td>
<td>$2,780.00</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$44,543.00</td>
</tr>
</tbody>
</table>

If you have been awarded a merit scholarship, you may deduct the amount here:

Total: $__________

If you plan on enrolling in summer 2016, then you must include the following as well:

ESTIMATED EXPENSES FOR THE OPTIONAL SUMMER I AND SUMMER II TERMS*

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>US Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>(self or sponsor**)</td>
<td>$7,517.00</td>
</tr>
<tr>
<td>(self, sponsor**, or scholarship)</td>
<td>$7,978.00</td>
</tr>
<tr>
<td>(self, sponsor**, or scholarship)</td>
<td>$651.00</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>$16,146.00</td>
</tr>
</tbody>
</table>

**Grand Total (12 Months):** $60,689.00

* Subject to change.

**Each sponsor must complete an affidavit of support (see reverse side) and submit official bank documentation verifying availability of funds.
TO BE COMPLETED BY SPONSOR 1

I certify that I am willing and able to sponsor ____________________________ (insert student name)

with the minimum amount of ____________________ US dollars for her/his graduate tuition and living expenses while attending ____________________ (insert amount)
Pace University. I have attached original bank documentation in US dollars dated and signed by a bank official no more than six months before the student's enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

____________________________________________      _______/________/_______   _______________________________________________
Signature                                                                                     Month          Day             Year        Relationship to Student
Print Name                                                                                                          Sponsor Citizenship
Print Address                                                                                                                                                Telephone Number
Fax Number  E-mail

TO BE COMPLETED BY SPONSOR 2

I certify that I am willing and able to sponsor ____________________________ (insert student name)

with the minimum amount of ____________________ US dollars for her/his graduate tuition and living expenses while attending ____________________ (insert amount)
Pace University. I have attached original bank documentation in US dollars dated and signed by a bank official no more than six months before the student's enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

____________________________________________      _______/________/_______   _______________________________________________
Signature                                                                                     Month          Day             Year        Relationship to Student
Print Name                                                                                                          Sponsor Citizenship
Print Address                                                                                                                                                Telephone Number
Fax Number  E-mail

TO BE COMPLETED BY SPONSOR 3

I certify that I am willing and able to sponsor ____________________________ (insert student name)

with the minimum amount of ____________________ US dollars for her/his graduate tuition and living expenses while attending ____________________ (insert amount)
Pace University. I have attached original bank documentation in US dollars dated and signed by a bank official no more than six months before the student's enrollment at Pace University indicating savings account funds sufficient to sponsor the student.

____________________________________________      _______/________/_______   _______________________________________________
Signature                                                                                     Month          Day             Year        Relationship to Student
Print Name                                                                                                          Sponsor Citizenship
Print Address                                                                                                                                                Telephone Number
Fax Number  E-mail