Pace University Office of Graduate Admission

Reactivation Application

Please complete the form below and include a signed statement indicating your reasons for reactivation. An updated resume and current letters of recommendation may also be submitted.

Oprilig	Summer I:	Summer II:	Fall:	
Name:(Last N	ame. First Name)	Student ID #:e)		
		E-mail:		
STANDARDIZED TEST S SCORES MUST BE SUBM	INCE YOU ORIGINALLY ITTED TO THE OFFICE	APPLIED, OFFICIAL OF GRADUATE ADMI	TE SCHOOL OR TAKEN A TRANSCRIPTS AND TEST SSION. IF YOU WILL NEED NTATION SHOULD ALSO BE	
applied? If YES, please	indicate institution and	d date.		
applied? If YES, please	indicate institution and	d date.	ool since you originally ate(s):	
applied? If YES, please Institution Name:	indicate institution and	d date. Da	ate(s):	
applied? If YES, please Institution Name:	indicate institution and	d date. Da	ate(s):	
2) Have you taken a star	indicate institution and	d date Da	ate(s):	
applied? If YES, please Institution Name: 2) Have you taken a star If YES, please indicates	ndardized test since yo	d date Da	ate(s):	