

OFFICE OF STUDENT ASSISTANCE

RESUMPTION OF STUDIES FORM

PLEASE RETURN TO THE OFFICE OF STUDENT ASSISTANCE (OSA) VIA SCAN & EMAIL TO OSA@PACE.EDU.
ANY QUESTIONS CALL 1 (877) 672-1830.



STUDENT ID NUMBER _____ LAST NAME _____ FIRST NAME _____ MIDDLE _____

STREET ADDRESS/P.O. BOX _____ CITY _____ STATE _____ ZIP CODE _____

DAY TELEPHONE NUMBER _____ EVENING TELEPHONE NUMBER _____ MOBILE/CELL NUMBER _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT _____ EMERGENCY CONTACT NUMBER _____ EMERGENCY CONTACT RELATIONSHIP _____

EMERGENCY CONTACT'S ADDRESS/P.O. BOX _____ CITY _____ STATE _____ ZIP CODE _____

If this is a new address/phone #, please indicate what you would like to be updated on your record Address Telephone

HAVE YOU SUBMITTED A GRADUATION DIPLOMA VERIFICATION FORM? YES NO

DATE OF BIRTH:

_____/_____/_____
Month Day Year

ETHNIC BACKGROUND:

- 1 (Black Non-Hispanic) 4 (American Indian / Alaskan-Native)
 2 (Asian or Pacific Islander) 5 (White Non-Hispanic)
 3 (Hispanic) 6 (Other) _____

SEX:

- Male
 Female

MARITAL STATUS:

- Single
 Married

CITIZEN STATUS:

IF NOT A U.S. CITIZEN, PLEASE INDICATE BELOW

COUNTRY OF BIRTH _____

COUNTRY OF CITIZENSHIP _____

VISA TYPE _____

PLEASE NOTIFY THE INTERNATIONAL STUDENTS AND SCHOLARS OFFICE

I WAS PREVIOUSLY ENROLLED IN THE FOLLOWING:

Please check appropriate boxes

LEVEL

- 01 (Undergraduate)
 02 (Graduate)
 05 (Doctorate)

HOME CAMPUS: 1 (New York)

- a) Downtown
 b) Midtown
 2 (Pleasantville)
 3 (White Plains)

STATUS:

- Matriculated (Degree Seeking)
 Non Matriculated (Undergraduate)
 NDS (Graduate)

*DEGREE: _____

A MINIMUM 2.00 OVERALL GPA IS REQUIRED (Undergraduate)

*MAJOR: _____

A MINIMUM 3.00 OVERALL GPA IS REQUIRED (Graduate)

LAST SEMESTER ATTENDED AT PACE (Year) 19/20 _____

- Fall (70)
 Spring (20)
 Summer 1 (40)
 Summer 2 (50)

SEMESTER RESUMPTION OF STUDIES WILL OCCUR (YEAR) 20 _____

- Fall (70)
 Spring (20)
 Summer 1 (40)
 Summer 2 (50)

HAVE YOU ATTENDED ANY OTHER COLLEGE OR INSTITUTION SINCE YOUR LAST TERM OF ATTENDANCE AT PACE? YES NO

IF YES, YOU MAY NOT RESUME STUDY UNTIL ALL OFFICIAL TRANSCRIPTS ARE RECEIVED. PLEASE INDICATE BELOW ALL SCHOOLS YOU HAVE ATTENDED AND HAVE THE SCHOOL FORWARD AN OFFICIAL TRANSCRIPT TO- OFFICE OF STUDENT ASSISTANCE (NYC) ONE PACE PLAZA, NEW YORK, NY 10038 OR OFFICE OF STUDENT ASSISTANCE (WESTCHESTER) 831 BEDFORD ROAD, PLEASANTVILLE, NY 10570.

NAME OF COLLEGE(S)

DATES OF ATTENDANCE

***NOTE:** The official name on your Pace record cannot be changed using this form. Please complete a *General Change Form*. The home campus cannot be changed on this form. Please complete a *Change of Campus Application*. If you are seeking to change your major upon returning, please speak to your academic advisor for approval.

FINANCIAL NOTE: Students planning to resume studies and expect to receive financial aid, should consult with the office of financial aid prior to resuming studies.

Student's Signature

Date

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Undergraduate (Only)		Graduate/ Doctoral (Only)
<input type="checkbox"/> AD (ACADEMIC DISMISSAL)	<input type="checkbox"/> P5 (PROBATION REMOVED)	<input type="checkbox"/> AD (ACADEMIC DISMISSAL)
<input type="checkbox"/> P1 (ACADEMIC PROBATION -1ST)	<input type="checkbox"/> R1 REINSTATED	<input type="checkbox"/> R1 REINSTATED
<input type="checkbox"/> P2 (ACADEMIC PROBATION - 2ND)	<input type="checkbox"/> R2 REINSTATED WITH CONDITIONS	<input type="checkbox"/> R2 REINSTATED WITH CONDITIONS
<input type="checkbox"/> P3 (ACADEMIC PROBATION - FINAL)		

APPROVED DENIED

***NOTE: Students who resume studies after a leave of absence of three or more years shall be subject to the program requirements, curriculum rules, regulations and policies in effect at the time of resumption. If approved to follow original curriculum, authorization must be commented and signed below.**

COMMENTS / CONDITIONS: (i.e. / Change of Major required, effective catalog term, etc.)

Signature (Academic Advisor, Assoc., or Asst. Dean, Chairperson)

Date

FOR OFFICE USE ONLY:

OFFICIAL TRANSCRIPT RECEIVED: YES TOTAL _____ NO NOT APPLICABLE SHAINST ACAD STAT: _____

SOAHOLD OSA & HOLD CLEARANCE: _____ SHATERM OVERALL GPA: _____

SHADEGR GRAD DATE: _____

SGASTDN

(Learner Tab) NEW TERM: _____ STUDENT STATUS RA STUDENT TYPE R

SITE: _____

(Curriculum Tab) CATALOG TERM: _____ PROGRAM: _____ CAMPUS: _____ COLLEGE: _____

DEGREE: _____ ADMS TERM: _____ MATR TERM: _____

(Field of Study Tab) CATALOG TERM: _____ FIELD OF STUDY: _____ DEPT: _____

NEW IPACE: CATALOG TERM: _____ ADMIT TERM: _____

NOTE: IF THERE ARE ANY STIPULATIONS PLACED ON THE STUDENT'S REGISTRATION PLEASE INDICATE ON BANNER,

BEFORE PROCEEDING TO REGISTRATION ACTION FORM.

TGACOMC CONFIRMATION LETTER SENT

OSA ADVISOR

DATE