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ADMISSION INFORMATION

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.
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.

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 studies completion program applicants must apply at www.pace.edu/PACompletionApply.

PA Program (Summer)..................................................................September 1
PA applicants must apply at www.pace.edu/PASTudiesApply.

Office of Graduate Admission (New York City)
Office of Graduate Admission (Westchester)
Pace University
Pace University
One Pace Plaza
861 Bedford Road, The Vineyard Building
New York, NY 10038-1598 USA
Pleasantville, NY 10570 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

Please submit the following:

APPLICATION, APPLICATION FEE, AND RESUME

Applications may be printed or typed and must be accompanied by the non-refundable application fee of $70 in the form of a check or money order in US dollars payable to Pace University. A resume or typewritten outline, describing at least the past five years of your employment history and significant community, professional, or college extracurricular activities should be sent. Please include recognitions of achievements you have received (e.g., licenses, publications, and awards).

PERSONAL STATEMENT

Send a typewritten essay explaining to the members of the Graduate Admission Committee why you would like to pursue the program of graduate study you have chosen. Additional information regarding your academic performance, as well as professional experience, may be included as a supplement.

LETTERS OF RECOMMENDATION

Two recommendations from individuals who can knowledgeably comment on your ability to successfully complete graduate study are required. These references may be either academic or professional and must be forwarded in envelopes sealed by the recommenders. Recommendation forms can be found in this application packet. Recommenders may write their recommendation on personal stationery or company letterhead.

OFFICIAL TRANSCRIPTS

Transcripts are considered official if sent directly from academic institution(s) to Pace University, or if they are submitted by the applicant, unopened, in the institution’s original, sealed envelopes. Be sure to request transcripts from all institutions you have attended prior to your anticipated start date at Pace University.

ENGLISH LANGUAGE PROFICIENCY

If you earned a bachelor’s degree in a country where English is not the official language, you are required to submit a TOEFL, IELTS, or Pearson PTE score. The ETS reporting codes for Pace University are: New York City, 2635, and Westchester, 2644. Students who submit proof of citizenship from a country where English is the official language may have the English language proficiency test requirement waived.

Note: Graduate nursing students are expected to effectively communicate in oral and written English across their academic program. All documents submitted in support of an application for admission become the permanent possession of Pace University and cannot be returned to the applicant or photocopied for the applicant. For your records, please make photocopies of all materials submitted, except for transcripts and recommendation forms, which must be received unopened, in the original, sealed envelopes.

International students are only eligible for the ABSN 1 year program and the PA program.
### Pace University Application for Graduate Admission

**College of Health Professions**

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

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<th>Mr.</th>
<th>Ms.</th>
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<tbody>
<tr>
<td>Mr.</td>
<td>Ms.</td>
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</table>

**Last Name**  | **First Name**  | **Date of Birth (MM/DD/YYYY)**  | **Social Security Number***  |
|-------------|-------------|-------------------------------|-----------------------------|

*Please be advised that your Social Security Number is required in order for your Free Application for Federal Student Aid (FAFSA) to be processed. Your SSN will not be used for identification purposes at Pace University.*

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

**Mailing Address**  | **Apt. #**  | **Country**  | **City**  | **State**  | **Zip/Postal Code**  |
|-----------------|-------------|--------------|----------|---------|---------------------|

**Home Phone Number**  | **Business Phone Number**  | **Fax Number**  |
|-----------------|-----------------|-----------------|

**E-mail Address**

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

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

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

**Ethnicity (optional)**  | **Are you enrolled in a Tribe?**  | **If yes, please enter Tribal Enrollment Number** |
|-----------------|-----------------|-----------------------------------------------|

**Is English your native language?**  | **Yes**  | **No**  | **Native language (if other than English)** |
|-----------------|-----------------|-----------------|-----------------------------------------------|

**Campus:**  | **Status:**  | **Semester:**  | **If accepted for graduate study, will you need campus housing?**  | **If you are a spouse of a veteran using their benefits?**  | **Are you a dependent of a veteran using their benefits?** |
|-----------------|-----------------|-----------------|-----------------------------|-----------------------------|-----------------------------|

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

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

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

If you are a dependent of a veteran using their benefits?  | Yes  | No

**Please indicate your degree or certificate objective:**

- Accelerated Bachelor of Science in Nursing (ABSN): for non-nurse college graduate
- Full-time Accelerated Bachelor of Science in Nursing (ABSN) one-year plan (NYC and Westchester)
- Accelerated Bachelor of Science in Nursing (ABSN) two-year plan (NYC 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 (NYC and Westchester)
- MS Professional Nursing Leadership (clinical nurse leader masters)
- Certificate of Advanced Graduate Study in Nursing
  - Adult Acute Care Nurse Practitioner
  - Family Nurse Practitioner (NYC 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.
  - International applicants must apply at the link above and fill out the Financial Affidavit on page 17 or at www.pace.edu.
- 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:

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<th>Test Date (MM/DD/YYYY)</th>
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Are you or an immediate family member an employee of Pace University?  

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<tr>
<th>Yes</th>
<th>No</th>
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If yes, please explain:

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Please provide the information below:

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<tr>
<th>Current Employer</th>
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City

Does your employer provide tuition reimbursement?  

<table>
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<tr>
<th>Yes</th>
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Are you a citizen of the United States?  

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<tr>
<th>Yes</th>
<th>No</th>
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Are you a permanent resident of the United States?  

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<tr>
<th>Yes</th>
<th>No</th>
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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?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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If no, please indicate visa status you hold or will hold:

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<thead>
<tr>
<th>Visa</th>
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If yes, please provide the information below:

<table>
<thead>
<tr>
<th>City of Birth</th>
<th>Country of Birth</th>
<th>Country of Citizenship</th>
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Visa

Occupation in Your Home Country

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<tr>
<th>Visa</th>
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Are you a citizen of the United States?  

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<tr>
<th>Yes</th>
<th>No</th>
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Are you a permanent resident of the United States?  

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<tr>
<th>Yes</th>
<th>No</th>
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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?  

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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If no, please indicate visa status you hold or will hold:

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<tr>
<th>Visa</th>
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If yes, please provide the information below:

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<tr>
<th>City of Birth</th>
<th>Country of Birth</th>
<th>Country of Citizenship</th>
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Visa

Occupation in Your Home Country

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<tr>
<th>Visa</th>
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Are you now in the USA?  

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<th>Yes</th>
<th>No</th>
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If yes, please indicate your present visa status below and provide your home country address:

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<thead>
<tr>
<th>Visa Status</th>
<th>College / Organization / Employer</th>
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Home Country Address:

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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.)

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<tr>
<th>Date of Birth (MM/DD/YYYY)</th>
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Will dependents accompany you in the US?  

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<th>Yes</th>
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If yes, please provide information below:  

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

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
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<th>Date of Birth (MM/DD/YYYY)</th>
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</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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Have you ever been enrolled in another nursing program?  

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<th>Yes</th>
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If yes, explain the reason that you did not graduate from the program:  

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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.

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.  

Yes  No

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).

Yes  No

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  861 Bedford Road, The Vineyard Building
New York, NY 10038-1598 USA  Pleasantville, NY 10570 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

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>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Ability</td>
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<td></td>
</tr>
<tr>
<td>Ability to Work with Others</td>
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<tr>
<td>Ability in Written Expression</td>
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<tr>
<td>Ability in Oral Expression</td>
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<td>Maturity</td>
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<tr>
<td>Creativity/Originality</td>
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<tr>
<td>Potential for Career Advancement</td>
<td></td>
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</tr>
</tbody>
</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)  
Pace University  
One Pace Plaza  
New York, NY 10038-1598 USA  
Phone: (212) 346-1531  
Fax: (212) 346-1585  
E-mail: graduateadmission@pace.edu

Office of Graduate Admission (Westchester)  
Pace University  
861 Bedford Road, The Vineyard Building  
Pleasantville, NY 10570 USA  
Phone: (914) 422-4283  
Fax: (914) 422-4287  
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  ________________________________

Location  □ New York City  □ Westchester

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

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 _________________________________          ________/________/________

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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</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

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
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 ______________________________________

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 _________/_________/_________

Month Day Year
# 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>
<td></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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<tr>
<td>4. Writing</td>
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<tr>
<td>5. Editing Manuscripts</td>
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<tr>
<td>6. Statistics</td>
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<tr>
<td>7. Statistical Software: SPSS, SAS</td>
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<tr>
<td>8. Survey and Research Software: Qualtrics</td>
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<tr>
<td>9. Teaching</td>
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<tr>
<td>10. Tutoring</td>
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<tr>
<td>11. Assisting Faculty in Classroom</td>
<td></td>
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<td>12. Assisting Faculty Online (Blackboard)</td>
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<tr>
<td>13. Microsoft Office (Excel, PowerPoint)</td>
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<tr>
<td>14. Web Page Design</td>
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<td>15. Foreign Languages (please specify):</td>
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<tr>
<td>16. Other Skills (please specify):</td>
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<td></td>
</tr>
</tbody>
</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

<table>
<thead>
<tr>
<th></th>
<th>US Dollars (self or sponsor**)</th>
<th>Source of Support (self, sponsor**, or scholarship)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Fees (18 credits)</td>
<td>$ 39,307.00</td>
<td>____________________________</td>
</tr>
<tr>
<td>Living Expenses (room and board)</td>
<td>$ 17,343.00</td>
<td>____________________________</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$ 950.00</td>
<td>____________________________</td>
</tr>
<tr>
<td>Other (books, personal expenses, and transportation)</td>
<td>$ 2,780.00</td>
<td>____________________________</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>$ 60,380.00</strong></td>
<td>__________________________________________________</td>
</tr>
</tbody>
</table>

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

Total: $ ____________________________

Signature __________________________________________________________________________

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 ____________________________ (insert student name) 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 ____________________________ (insert student name) 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 ____________________________ (insert student name) 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*

| Source of Support | US Dollars (self or sponsor**) | |
|-------------------|--------------------------------|
| Tuition and Fees (18 credits) | $ 23,470.00 |
| Living Expenses (room and board) | $ 17,343.00 |
| Health Insurance | $ 950.00 |
| Other (books, personal expenses, and transportation) | $ 2,780.00 |

**Total:** $ 44,543.00

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 (self, sponsor**, or scholarship)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees (6 credits)</td>
<td>$ 7,517.00</td>
</tr>
<tr>
<td>Living Expenses (room and board)</td>
<td>$ 7,978.00</td>
</tr>
<tr>
<td>Other (books, personal expenses, and transportation)</td>
<td>$ 651.00</td>
</tr>
</tbody>
</table>

**Total:** $ 16,146.00

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

---

Office of Graduate Admission  
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(Westchester)  
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861 Bedford Road  
Pleasantville, NY 10570 USA  
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* 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 ____________________________________________ (insert student name) 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 ____________________________________________ (insert student name) 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 ____________________________________________ (insert student name) 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