



PhD IN NURSING PROGRAM

Graduate Application and
Admission Information

PACE
UNIVERSITY

College of
**Health
Professions**

APPLICATION INSTRUCTIONS FOR THE FALL PhD IN NURSING COHORT GROUP

Please complete and mail your application to the Office of Graduate Admission. Be sure to sign the last page of the application and all additional papers. For more information, please contact nursing@pace.edu or call (914) 773-3552.

To check the status of your application, please visit applicantportal.pace.edu

Pace University
Office of Graduate Admission
Graduate Application Processing Center
One Pace Plaza
New York, NY 10038
(212) 346-1531
graduateadmission@pace.edu

To apply for the PhD in Nursing, please submit the following:

APPLICATION	Applications may be printed or typed and must be accompanied by the non-refundable application fee in the form of a check or money order in US dollars payable to Pace University.
APPLICATION FEE	
RESUME	Please submit a resume that outlines your work history and professional experience.
PERSONAL STATEMENT	Send a two-page typewritten essay describing your career goals and research interests. The essay should discuss your motivation for pursuing the PhD. Essays should: <ul style="list-style-type: none"> • Be submitted in arial or times new roman, 12-point font size, double spaced, with one-inch margins. • Include your name and title for your statement. • Additional information regarding your academic performance or professional experience may also be included as a supplement.
LETTERS OF RECOMMENDATION	Submit three letters of reference from professionals or professors who can adequately evaluate your potential for success in a PhD program.
OFFICIAL TRANSCRIPTS	Please arrange for an official transcript from each academic institution you have attended to be sent directly to the Office of Graduate Admissions. Transcripts are considered official if they are sent directly from the academic institution(s) to Pace University, or if you submit them unopened and in the institution's original sealed envelope.
ADMISSION CRITERIA	<ul style="list-style-type: none"> • Fall admission only • Bachelor's and master's degrees, one of which must be in nursing • Master's degree with a minimum GPA of 3.5 • Qualified applicants will be interviewed by the PhD Admissions Committee • Onsite writing sample for critical and theoretical thinking at the time of the interview
APPLICATION DEADLINE	The deadline for all fall 2018 applications is February 1.

Note: 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 envelope.

Pace University PhD in Nursing Program

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. ☐ Mx. Last Name _____ First Name _____

Middle Name _____ Jr., III, etc. _____ Date of Birth (MM/DD/YYYY) _____ Social Security Number[†] _____

Gender ☐ Male ☐ Female

[†] 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. # _____ Address 2 _____

City _____ State _____ Zip/Postal Code _____ Country _____

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Home Phone Number Business Phone Number Cellular Phone Number

Email Address _____

Ethnicity (optional) 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) Are you enrolled in a Tribe? ☐ Yes ☐ No _____
If yes, please enter Tribal Enrollment Number _____

☐ Asian (including Indian subcontinent and Philippines) ☐ Black or African American (including Africa and Caribbean)

☐ Native Hawaiian or Other Pacific Islander (Original Peoples) ☐ White (including Middle Eastern) ☐ Other _____

Is English your native language? ☐ Yes ☐ No Native language (if other than English) _____

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Campus: ☐ Pleasantville Semester: ☐ Fall

Status: ☐ Full-Time

20 _____

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): _____

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Are you or an immediate family member an employee of Pace University? ☐ Yes ☐ No If yes, please explain: _____

If no, please provide the information below:

Current employer _____

City _____ State _____ Country _____

Does your employer provide tuition reimbursement? ☐ Yes ☐ No

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Are you a citizen of the United States? ☐ Yes ☐ No Are you a permanent resident of the United States? ☐ Yes ☐ No

Which of the following was the biggest influence in your decision to apply to Pace University?

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

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, not only those institutions from which you received a degree. An official transcript from each institution must be received by the Pace University Office of Graduate Admission to which you are sending this application. All documents not issued in English must be supplemented by professionally certified English translations (please see International Student Information).

<hr/>	<hr/>	<hr/>	<hr/>	Degree Received:
Institution Attended	Start Date (MM/YY)	End Date (MM/YY)	Date or Expected Date of Degree (MM/YY)	<input type="radio"/> Associate
City	State	Country		<input type="radio"/> Bachelor's
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> Master's
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> Doctorate
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> None
<hr/>	<hr/>	<hr/>	<hr/>	Degree Received:
Institution Attended	Start Date (MM/YY)	End Date (MM/YY)	Date or Expected Date of Degree (MM/YY)	<input type="radio"/> Associate
City	State	Country		<input type="radio"/> Bachelor's
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> Master's
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> Doctorate
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> None
<hr/>	<hr/>	<hr/>	<hr/>	Degree Received:
Institution Attended	Start Date (MM/YY)	End Date (MM/YY)	Date or Expected Date of Degree (MM/YY)	<input type="radio"/> Associate
City	State	Country		<input type="radio"/> Bachelor's
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> Master's
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> Doctorate
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> None
<hr/>	<hr/>	<hr/>	<hr/>	Degree Received:
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<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> Master's
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> Doctorate
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> None
<hr/>	<hr/>	<hr/>	<hr/>	Degree Received:
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City	State	Country		<input type="radio"/> Bachelor's
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> Master's
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> Doctorate
<hr/>	<hr/>	<hr/>	<hr/>	<input type="radio"/> None

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.

LICENSURE INFORMATION:

In which state(s) are you currently licensed as a registered nurse?

<hr/>	<hr/>	<hr/>	<hr/>
State	License Number	State	License Number
<hr/>	<hr/>	<hr/>	<hr/>
State	License Number		

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 Costello House, 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.

**Although the Pace FNP-DNP program is designed for family nurse practitioners (FNPs), Pace has an option for adult, adult-gerontology primary care, pediatric primary care, and women's health nurse practitioners with master's degrees who wish to obtain FNP certification as an FNP-DNP. If you are interested in this option, you will need to meet with the FNP-DNP program director who will conduct a gap analysis to determine what additional clinical courses and precepted clinical hours will be required.*

FOR OFFICE USE ONLY

____ / ____ / ____
APP REC DATE (MM/DD/YYYY)

____ / ____ / ____
FEE REC DATE (MM/DD/YYYY)



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Office of Graduate Admissions

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Graduate Admission Office
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