# APPLICATION FOR GRADUATE NON-DEGREE STATUS

To apply and register as a Non-Degree student, you must:
Contact the academic department listed below in order to schedule an advisement session and to obtain approval.
(You will need to provide a copy of your undergraduate and/or graduate transcripts.)

| | | |
|---|---|---|
| Dyson College of Arts and Sciences | | |
| Counseling | (914) 773-3309 | |
| Environmental Science | (914) 773-3655 | |
| Forensic Science | (212) 346-1967 | |
| Media and Communication Arts | (914) 773-3790 | |
| Public Administration | (914) 422-4299 | |
| Publishing | (212) 346-1431 | |
| Psychology | (212) 346-1506 | |
| Seidenberg School of Computer Science and Information Systems | (212) 346-1005 | (914) 422-4191 |
| School of Education | (212) 346-1338 | (914) 773-3829 |

Submit the department-approved application and registration form with a non-refundable $70 check or money order to the appropriate Office of Graduate Admission.

Office of Graduate Admission
Pace University
One Pace Plaza
New York, NY 10038-1598 USA
Phone: (212) 346-1531
Fax: (212) 346-1585
E-mail: gradnyc@pace.edu

Office of Graduate Admission
Pace University
One Martine Avenue
White Plains, NY 10606-1932 USA
Phone: (914) 422-4283
Fax: (914) 422-4287
E-mail: gradwp@pace.edu

1. Name _____
Last First Middle

2. ☐ Female ☐ Male (Optional)

3. Current Mailing Address _____

4. Day Telephone (_____) _____ 5. Evening Telephone (_____)_____
Area Code / Number Area Code / Number

6. Fax (_____)_____ 7. E-mail _____
Area Code / Number

8. Please indicate the entry term for which you are applying:

☐ Fall _____ ☐ Spring _____ ☐ Summer I _____ ☐ Summer II _____
Year Year Year Year

9. At which campus location do you plan to attend classes? ☐ New York City ☐ Westchester

10. Have you previously applied to any graduate program of Pace University? ☐ Yes ☐ No If yes, please explain:_____

_____

11. Please list in chronological order all institutions attended since your high school graduation.

| Undergraduate/Graduate Institution Attended | Location | Dates Attended | Major | Degree Awarded | Date or Expected Date of Degree |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

*If I enroll in the Seidenberg School of Computer Science and Information Systems as a non-degree student, I confirm that I have the appropriate undergraduate course work or its equivalent for the courses in which I register. If I enroll in the College of Health Professions, Dyson College of Arts and Sciences, or School of Education, I confirm that I hold a U.S. bachelor's degree or its equivalent. My signature below further confirms that I do not require a student visa or exchange visitor's visa to attend graduate classes at Pace University. I understand that I may enroll for a maximum of 12 credits as a non-degree student and that I am not guaranteed acceptance to a graduate program of Pace University. I further understand that if I am accepted to a degree program, generally, credit for only two courses successfully completed as a non-degree student may be applied to a program.*

*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 of 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, 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, rules, and regulations of Pace University, whether published or unpublished, and I agree to comply with them.*

Signature _____ Date _____/_____/_____
Month Day Year

**FOR OFFICE USE ONLY**

☐☐ / ☐☐ / ☐☐☐☐ BY _____
**FEE REC DATE** (MM/DD/YYYY)

☐☐ / ☐☐ / ☐☐☐☐ BY _____
**DATA ENTRY DATE** (MM/DD/YYYY)

2014

**PLEASE COMPLETE REVERSE SIDE**

# REGISTRATION FORM FOR GRADUATE NON-DEGREE STATUS

____ ____ ____–____ ____–____ ____ ____ ____ ____ _____

U Number | Last Name | First | Middle

☐ Fall _____ ☐ Spring _____ ☐ Summer I _____ ☐ Summer II _____

Year | Year | Year | Year

**(Course Selection)**

| CAMPUS NY/MT/WT/GC/PL/BR/OC | SUBJECT | COURSE | DAY R=THUR U=SUN | COURSE REFERENCE NO. | CRS |
|---|---|---|---|---|---|
| N Y | X Y Z | 1 0 0 A | M | 9 9 9 9 9 3 | |
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**(Department Approval)**

| CHAIR SIGNATURE | DATE | GAS/GCS GDN/GED |
|---|---|---|
| | | |
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| | | |
| | | |
| | | |

Please provide information below. (Optional)

DATE OF BIRTH ____/____/____

ETHNICITY (OPTIONAL):

☐ 1. African-American, non-Hispanic ☐ 2. Asian or Pacific Islander ☐ 3. Hispanic

☐ 4. American Indian or Alaskan Native ☐ 5. Caucasian, non-Hispanic ☐ 6. Other _____ (please specify)

EMERGENCY NAME: _____ RELATIONSHIP _____

Last First

EMERGENCY ADDRESS: _____

_____

EMERGENCY TELEPHONE: (_____) _____

*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, immunization requirements, and payment or abatement of fees.*

Signature _____ DATE _____/_____/_____

Month Day Year

**FOR OFFICE USE ONLY**

_____

**REG. OPERATOR'S SIGNATURE**

☐☐ / ☐☐ / ☐☐☐☐

**DATE** (MM/DD/YYYY)