

VISITING STUDENT APPLICATION

Please submit this application with a \$70 nonrefundable application fee to the appropriate Office of Graduate Admission, accompanied by a sealed envelope containing an original statement from the graduate school in which you are currently enrolled that includes the following:

1. The graduate degree program in which you are matriculated;
2. Verification that you are a graduate student in good standing; and
3. An official university seal or signature.

Name _____
First Middle Last

Present Address _____
Street City State Zip

Home Telephone (_____) _____ Business Telephone (_____) _____
Area Code / Number Area Code / Number

Fax (_____) _____ E-mail _____
Area Code / Number

Institution Currently Attending _____
Name Location

Semester in which you wish to enroll: Fall _____ Spring _____ Summer I _____ Summer II _____
Year Year Year Year

Campus: New York City Westchester

Graduate program you wish to attend:

DYSON COLLEGE OF ARTS AND SCIENCES

- Counseling
- Environmental Science
- Forensic Science
- Media and Communication Arts
- Psychology
- Publishing
- Public Administration

LUBIN SCHOOL OF BUSINESS

SEIDENBERG SCHOOL OF COMPUTER SCIENCE AND INFORMATION SYSTEMS

SCHOOL OF EDUCATION

You may register for a maximum of TWO COURSES on a space-available basis. Courses must be completed in the semester indicated above.

Course Number	Title
Course Number	Title

Have you ever applied to or enrolled in any graduate program at Pace University? Yes No

If yes, please indicate: Semester _____ Year _____ 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 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.

Date _____ / _____ / _____ / _____
Month Day Year Signature of Applicant _____



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

School of Education (212) 346-1005 (914) 422-4191
 (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 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, 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)