



# **COLLEGE OF HEALTH PROFESSIONS**

Graduate Application and  
Admission Information **2016**

College of  
Health  
Professions

**PACE**  
UNIVERSITY

Work toward greatness.





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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.

## INTERNATIONAL STUDENT INFORMATION

### 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](http://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](http://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](http://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.

All 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](http://www.pace.edu/DNP). PA applicants must apply at [www.pace.edu/PASTudiesApply](http://www.pace.edu/PASTudiesApply). PA studies completion program applicants must apply at [www.pace.edu/PACompletionApply](http://www.pace.edu/PACompletionApply). To check the status of your application visit [applicantportal.pace.edu](http://applicantportal.pace.edu).

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](mailto: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](mailto: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, <b>2635</b> , and Westchester, <b>2644</b> . 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.**

APPLICATION DEADLINES	<p><b>All master's and doctoral level nursing programs</b> (Fall admission only), <b>and Accelerated Bachelor of Science in Nursing (ABSN) only</b> (Fall admission—NYC Campus)</p> <p>Priority deadline..... <b>March 1</b> <i>Applications will be accepted and reviewed until April 15.</i></p> <p><b>Accelerated Bachelor of Science in Nursing (ABSN) only</b> (Spring admission—Westchester Campus)</p> <p>Deadline..... <b>September 15</b></p> <p><b>PA Studies Completion Program</b> (Spring)..... <b>December 1</b> PA studies completion program applicants must apply at <a href="http://www.pace.edu/PACompletionApply">www.pace.edu/PACompletionApply</a>.</p> <p><b>PA Program</b> (Summer)..... <b>September 1</b> PA applicants must apply at <a href="http://www.pace.edu/PASTudiesApply">www.pace.edu/PASTudiesApply</a>.</p>
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# 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.

Mr.  Ms.

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

Fax Number

E-mail 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) \_\_\_\_\_

Campus:  New York City  Westchester Semester:  Fall  Spring   If accepted for graduate study, will you need campus housing?  Yes  No

Status:  Full-Time  Part-Time  Summer I  Summer II

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 Are you a dependent 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 yes, please explain (include school, program, and entry term date): \_\_\_\_\_

Please indicate your degree or certificate objective:

(The Accelerated Bachelor of Science in Nursing (ABSN) New York City program begins in September. The ABSN Westchester program begins in January.)

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li><input type="radio"/> Accelerated Bachelor of Science in Nursing (ABSN): for non-nurse college graduate</li> <li><input type="radio"/> Full-time Accelerated Bachelor of Science in Nursing (ABSN) one-year plan (NYC and Westchester)</li> <li><input type="radio"/> Accelerated Bachelor of Science in Nursing (ABSN) two-year plan (NYC and Westchester)<br/>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.</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> MS for RNs with a bachelor's in a non-nursing major<br/>Are you a licensed RN? <input type="radio"/> Yes <input type="radio"/> No<br/>If yes, please indicate state in which you are an RN. <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/><br/>State</li> <li><input type="radio"/> MS Family Nurse Practitioner (NYC and Westchester) (part-time only)</li> <li><input type="radio"/> MS Professional Nursing Leadership (clinical nurse leader masters)</li> <li><input type="radio"/> Certificate of Advanced Graduate Study in Nursing             <ul style="list-style-type: none"> <li><input type="radio"/> Adult Acute Care Nurse Practitioner</li> <li><input type="radio"/> Family Nurse Practitioner (NYC and Westchester) (part-time only)</li> <li><input type="radio"/> Professional Nursing Leadership</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Doctor of Nursing Practice Advanced Standing (New York City)</li> <li><input type="radio"/> Doctor of Nursing Practice Advanced Standing-FNP</li> <li><input type="radio"/> Doctor of Nursing Practice Advance Standing-Adult Acute Care Nurse Practitioner</li> <li><input type="radio"/> DNP Bridge Program<br/>For primary care, adult, pediatric, geriatric, and women's health nurse practitioners. For application and recommendation forms, visit <a href="http://www.pace.edu/DNP">www.pace.edu/DNP</a>.</li> <li><input type="radio"/> MS Physician Assistant Studies<br/>Applications will only be accepted through the CASPA website. For application, visit <a href="http://www.pace.edu/PASStudiesApply">www.pace.edu/PASStudiesApply</a>.<br/>International applicants must apply at the link above and fill out the Financial Affidavit on page 17 or at <a href="http://www.pace.edu">www.pace.edu</a>.</li> <li><input type="radio"/> MS Physician Assistant Studies Completion Program<br/>For application, visit <a href="http://www.pace.edu/PACompletionApply">www.pace.edu/PACompletionApply</a>.</li> </ul> |
|--|--|---|

If applicable, please indicate when the TOEFL, IELTS, or Pearson PTE test was or will be taken:

Test Date (MM/DD/YYYY)

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

Please provide the information below:

Current Employer

Current Employer

City State Country

City

State

Country

Does your employer provide tuition reimbursement? Yes No

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

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? Yes No

If no, please indicate visa status you hold or will hold: Visa

If yes, please provide the information below:

Occupation in Your Home Country

Occupation in Your Home Country

City of Birth Country of Birth Country of Citizenship

City of Birth

Country of Birth

Country of Citizenship

Are you now in the USA? Yes No If yes, please indicate your present visa status below and provide your home country address: State

Visa Status College / Organization / Employer City

Visa Status

College / Organization / Employer

City

Home Country Address:

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.)

Will dependents accompany you in the US? Yes No

If yes, please provide information below: (Please attach information regarding additional dependents who will accompany you.)

Last Name

Last Name

First Name

First Name

Middle Name

Middle Name

Date of Birth (MM/DD/YYYY)

Date of Birth (MM/DD/YYYY)

City of Birth

City of Birth

Country of Birth

Country of Birth

Relationship to Student

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
Course Offerings
Attended a Special Event with Chosen Program

Have you completed or are you currently enrolled in a nursing degree program? Yes No

Have you ever been enrolled in another nursing program? Yes No

If yes, explain the reason that you did not graduate from the 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. An official transcript from each institution must be received by the Pace University Office of Graduate Admission. All documents not issued in English must be supplemented by professionally certified English Translations.

Form with five rows for listing educational institutions. Each row includes fields for: Educational Institution Attended (25 boxes), Start Date (MM/YY) (2 boxes), End Date (MM/YY) (2 boxes), Date or Expected Date of Degree (MM/YY) (2 boxes), Degree Received (radio buttons for Associate, Bachelor's, Master's, None), City (10 boxes), State (2 boxes), and Country (10 boxes).

Have you ever been placed on academic or disciplinary probation or been dismissed from any institution?  Yes  No  
*If yes, please attach your statement of the circumstances.*

Have you ever been convicted of or plead guilty to a misdemeanor or felony?  Yes  No  
*If yes, please explain on a separate piece of paper (response required).*

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.

FOR OFFICE USE ONLY

APP REC DATE (MM/DD/YYYY)

FEE REC DATE (MM/DD/YYYY)





## 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	One Martine Avenue
New York, NY 10038-1598 USA	White Plains, NY 10606-1932 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

**CONFIDENTIALITY STATEMENT**— Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your educational records if you attend Pace University. You may waive your right of access to this specific recommendation if you choose. Your decision to waive or not to waive your right of access will have no effect on your application for admission. Please check the appropriate box and sign your name below:

I hereby waive my right of access to this recommendation.  I do not waive my right of access to this recommendation.

**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.

	Outstanding (Top 2%)	Superior (Top 10%)	Good (Top Third)	Fair (Middle Third)	Poor (Bottom Third)	No basis for judgment
Intellectual Ability						
Ability to Work with Others						
Ability in Written Expression						
Ability in Oral Expression						
Maturity						
Initiative/Independence						
Creativity/Originality						
Potential for Career Advancement						

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.

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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

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## 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  
One Martine Avenue  
White Plains, NY 10606-1932 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 \_\_\_\_\_  
Area Code / Number

Location  New York City  Westchester

Applicant Entry Term  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer I \_\_\_\_\_  Summer II \_\_\_\_\_  
Year
Year
Year
Year

**CONFIDENTIALITY STATEMENT**— Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your educational records if you attend Pace University. You may waive your right of access to this specific recommendation if you choose. Your decision to waive or not to waive your right of access will have no effect on your application for admission. Please check the appropriate box and sign your name below:

I hereby waive my right of access to this recommendation.  I do not waive my right of access to this recommendation.

**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.

	Outstanding (Top 2%)	Superior (Top 10%)	Good (Top Third)	Fair (Middle Third)	Poor (Bottom Third)	No basis for judgment
Intellectual Ability						
Ability to Work with Others						
Ability in Written Expression						
Ability in Oral Expression						
Maturity						
Initiative/Independence						
Creativity/Originality						
Potential for Career Advancement						

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.

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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

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## 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 \_\_\_\_\_  
Area Code / Number

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.

	Very Confident	Some Experience	No Experience	Comments
1. Library Research				
2. Searching Databases				
3. Reference Management Software: Endnote, Zotero				
4. Writing				
5. Editing Manuscripts				
6. Statistics				
7. Statistical Software: SPSS, SAS				
8. Survey and Research Software: Qualtrics				
9. Teaching				
10. Tutoring				
11. Assisting Faculty in Classroom				
12. Assisting Faculty Online (Blackboard)				
13. Microsoft Office (Excel, PowerPoint)				
14. Web Page Design				
15. Foreign Languages (please specify):	<hr/> <hr/> <hr/>			
16. Other Skills (please specify):	<hr/> <hr/> <hr/>			

Comments:

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*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.  
(insert amount from below)

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.

Office of Graduate Admission  
(New York City)  
One Pace Plaza  
New York, NY 10038 USA  
Phone: (212) 346-1531  
Fax: (212) 346-1585  
E-mail: graduateadmission@pace.edu  
  
(Westchester)  
The Vineyard Building  
861 Bedford Road  
Pleasantville, NY 10570 USA  
Phone: (914) 422-4283  
Fax: (914) 422-4287  
E-mail: graduateadmission@pace.edu

### 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

	US Dollars (self or sponsor**)	Source of Support (self, sponsor**, or scholarship)
Tuition	\$ 37,910.00	_____
Fees	\$ 990.00	_____
Housing	\$ 19,000.00	_____
Health Insurance	\$ 938.00	_____
Other (books, personal expenses, and transportation)	\$ 2,780.00	_____
<b>Total:</b>	<b>\$ 61,618.00</b>	

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

**Total:** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day Year

\_\_\_\_\_  
Print Name

---

\_\_\_\_\_  
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.**



**COLLEGE OF HEALTH PROFESSIONS  
ACCELERATED BACHELOR OF SCIENCE IN NURSING DEGREE (ABSNT)  
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  
(insert amount)

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  
(insert amount)

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  
(insert amount)

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

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(insert amount from below)

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861 Bedford Road  
Pleasantville, NY 10570 USA  
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Fax: (914) 422-4287  
E-mail: graduateadmission@pace.edu

### COLLEGE OF HEALTH PROFESSIONS PHYSICIAN ASSISTANT PROGRAM

#### 2016–2017 TOTAL ESTIMATED EXPENSES FOR THE FALL AND SPRING TERMS\*

	US Dollars (self or sponsor**)	Source of Support (self, sponsor**, or scholarship)
Tuition (18 credits)	\$ 22,050.00	_____
Fees	\$ 990.00	_____
Housing	\$ 19,000.00	_____
Health Insurance	\$ 938.00	_____
Other (books, personal expenses, and transportation)	\$ 2,780.00	_____
<b>Total:</b>	<b>\$ 45,758.00</b>	

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\*

	US Dollars (self or sponsor**)	Source of Support (self, sponsor**, or scholarship)
Tuition and Fees (6 credits)	\$ 7,350.00	_____
Housing	\$ 3,680.00	_____
Other (books, personal expenses, and transportation)	\$ 2,780.00	_____
<b>Total:</b>	<b>\$ 13,810.00</b>	
<b>Grand Total (12 months):</b>	<b>\$ 58,248.00</b>	

Signature \_\_\_\_\_ Month / Day Year \_\_\_\_\_ Print Name \_\_\_\_\_

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.











College of  
**Health  
Professions**



Work toward greatness.

**Office of Graduate Admissions**

[graduateadmission@pace.edu](mailto:graduateadmission@pace.edu)

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