



# 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.)

College of Health Professions	(212) 346-1531	New York City	Westchester
Dyson College of Arts and Sciences		(212) 346-1531	—
Biochemistry and Molecular Biology	(212) 346-1853	School of Education	(914) 773-3829
Counseling	(914) 773-3309	Seidenberg School of Computer Science and Information Systems	(212) 346-1005
Environmental Policy	(914) 422-4283		(914) 422-4191
Environmental Science	(914) 773-3655		
Forensic Science	(212) 346-1967		
Media and Communication Arts	(914) 773-3790		
Psychology	(212) 346-1506		
Public Administration	(914) 422-4299		
Publishing	(212) 346-1431		

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 (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

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 US 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 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, 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)



## REGISTRATION FORM FOR GRADUATE NON-DEGREE STATUS

\_\_\_\_\_ U Number \_\_\_\_\_ Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Fall \_\_\_\_\_ Year     Spring \_\_\_\_\_ Year     Summer I \_\_\_\_\_ Year     Summer II \_\_\_\_\_ Year

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	3

CHAIR SIGNATURE	DATE	GAS/GCS GDN/GED

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)