

COLLEGE OF HEALTH PROFESSIONS Graduate Application and Admission Information 2016

College of Health Professions





Table of Contents

Admission Information	2
Eligibility	2
Pace University Graduate Merit Scholarships	
Admission Categories	
Deferrals	
Decision Appeal	
International Student Information	
Application Instructions	
Priority Deadline Dates	
Admission Application	
Recommendation Forms	9
Graduate Assistantship Application	13
	ر±
Financial Affidavit for International Students for the ABSN One-Year Program	1
Sponsor Affidavit of Support	16
Sponsor / and ave of Support	
Financial Affidavit for the Physician Assistant Studies Program	
Sponsor Affidavit of Support	18



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 parttime 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) 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).

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**.

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.** PA applicants must apply at **www.pace.edu/PAStudiesApply.** PA studies completion program applicants must apply at **www.pace.edu/PACompletionApply.** To check the status of your application visit **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

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

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, 2635 , and Westchester, 2644 . 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	All master's and doctoral level nursing programs (Fall admission only), and Accelerated Bachelor of Science in Nursing (ABSN) only (Fall admission—	
	Priority deadline	March 1
	Accelerated Bachelor of Science in Nursing (ABSN) only (Spring admissior Deadline	
	PA Studies Completion Program (Spring) PA studies completion program applicants must apply at www.pace.edu/PACompl	
	PA Program (Summer) PA applicants must apply at www.pace.edu/PAStudiesApply.	September 1

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.

0	Mr.							-	-	T															Í			٦		Г							Г	Т	T	T	-	7					1
0	Ms.	Last	Nam	e				_		-																				F	irst	: Na	me				L	1	_	-	_	4					1
				-	Т			Т	Т	Т					1	Г							Г			/			1	Γ	T	T	T	ור			Г	1_	Г	Т	٦.	_ [Т				1
		Mide	lle N	ame				_	_	-						lr.,	 , (etc.	_				L)ate	e of B	/ Rirth	h (MI	м/г	/ חמ	~~~~	1	_	-		Soc	ial 9	Sec	」⁻ urit	V Ni	um	ber*	- L *					1
—						_	_	-				_	_	_		,, 	,		-	-	-	-	_)								·				ial Si	ecur	ity N	luml	ber is
lfar	y reco	rdc wi	ill bo	und	or 20	oth	or no		c) nl	0.254		cat															C	end		• (C	Fem	ale	1	Stud	lent	Aid ((FAF	FSA)	to b		oces	ssed	d. Yo	ur S.	SN v	leral vill not ersity.
	yreco			unu				me(:	s), pu	case	= mu	Lau	c.	_	_	_	_	_	_	_		_	_	_		_	_	_	_	_	_		_		Je u.	seu					i pui	pos	esu		Leo	inve	151ty.
											Ш																											L									
Mail	ing Ad	dress															Apt	. #				Ad	dres	s 2																							
																														Ι									Ι	Ι		Ι					
City												St	tate		Zij	p/P	osta	Coc	le			Со	untry	y																							
(Т)			٦.	- [Τ	Γ	\square		(′	Τ)				-							()				-				Г	1							
Hom	e Phoi	ne Nui	nber								B	lusi	ness	s Pł	none	Nu	mbe	r								Fa	ax Ni	um	ber											1							
П			Т	Г			Т	Т	Т		П		Т				Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т						Γ	Τ	Т	Т	Т	Т				Т	Т	Т	Т
E-ma	il Add	ress				_		_	_	_				_			-	-				-				-		-									-	-	_	-	_			-	-		_
Ethr	icity (optior	nal)	Are	you	His	panio	:/La	tino?	C	Yes	s, Hi	ispa	nic	or La	atin	o (in	clud	ing	Spa	in)	0	No	ľ	f ye	s, p	leas	e d	lesc	rib	e y	our	bac	kgr	oun	d											_
	u ansv			r if v		nsw	ered	Yes	and	wist	n to d	esci	ribe	voi	ursel	f fu	rthe	. nle	ase	che	eck o	one	or m	ore	fron	n th	ne lie	st b	elo	w.	-			-													
	meric			-																					naT) Ye		~	No															
											Ŭ		reop	pies	<u> </u>																		ľ	f ye	s, p	leas	se e	nte	er Tr	riba	al En	roll	lme	ent N	√um	ıbe	1
	lsian (0										ng A	_			.di ii	one	all,																
	lative											1								-			astei	rn)		0	Oth	er_																			_
ls En	glish	/our n	ative	lan	guag	e?	C) Ye	5	0	No		Nat	ive	lang	uag	ge (if	othe	er th	an I	Engli	ish)																									_
•••	• • •	••	•••	••	••	••	•••	• • •	•••	••	••	••	••	•	• • •	•••	••	•••	••	••	•••	••	••	•	•••	••	••	• •	•	••	•	••	••	•	•	••	• •	• •	•••	•	••	•••	•	••	••	•	••
Cam	ous:	0	lew \	ork	City		0	Wes	tches	ster		Sen	nest	er:		0	Fall			() s	prir	ıg			2	20										or g sing	-	luat		tudy			· .			
Statu	IS:	O F	ull-1	ime			0	Part	-Time	9						0	Sum	mer	I	0	S	um	mer	II				' L					La	mp	u5 I	ious	mg	<u>,</u>			0	Yes	3	C) N	10	
	natior /ou a s													<u> </u>							don	• • •	-	tore	an us	ina	r tha	ir h		- E1+ .	-2	\sim	v	_		<u> </u>											
	you a s e you p	·												×.				·		· .						sing	; the		Jene	ents	5:	0	re	5) (10										
		lf	yes,	plea	se ex	plai	in (in	clud	e sch	iool,	, prog	ran	n, an	ıd e	entry	ter	m da	te):	_																												_
Plea	se ind	icate	your	degr	ee oi	r cer	tifica	ite o	bject	ive:																																					
(The	Accelei	ated B	achel	or of	Scien	ce in	Nurs	ing (A	(BSN)	New	/ York	City	prog	gran	n beg	ins i	n Sej	teml	per. 1	The /	ABSN	l We	stche	ester	r prog	gran	n beg	gins	in Ja	anua	ary.)															
C	Acce (ABS	lerate 5N): fo								g			C		MS fo					che	lor's	s in :	a													Pra	ctic	e A	dva	nce	ed St	tan	din	g			
		Ill-tin												A	Are y	ou a	a lice	nseo	l RN	?	0	Yes		0	No							v Yo t or c				Pra	ctic	e A	dva	nce	ed St	tan	din	g–F	NP		
		Nurs estch			v) 0N	e-ye	ar p	.αΠ (IVICO	u I Ū					f yes						te	Γ										tor o te Ca								nce	e Sta	andi	ing.	-Ad	ult		
		cceler (BSN)												11	n wh	ich	you	are a	in RI	N.		Sta	te									e Ca Bri					.titi	one	er.								
	A	l prer	equis	ites	must	t be	com	plete	ed pri	or to	0		C		MS F								e on	lv)						F	or	orim	ary	car	e, a	dult					eriat . For				on		
		arting escrip)g		0		MS F					<u> </u>				· ·						а	nd	reco	omn	nen	dati	ion	forn	ns,	visi	t w	ww.	pac	e.e	du/	DN	Ρ.	
	Se	ent to	the d											((clini	cal	nurs	e lea	der	mas	ters)																	lies		าrou	ugh	tho	CA	SDV		
	A	dmiss	ions.										C	· .	Certi										in N	ursi	ing			w	eb	site.	For	ар	plic	atio	n, v	/isit	ť		nou	giri	the	CA.	эгА		
																							.11101	lei															o <mark>ply.</mark> t apr		at th	he l'	ink	abc	ove		
															(1	VYC	and	Wes	stche	este	<i>r) (</i> p	art-	time		ıly)					a	nd	fill o	ut t	he l	ina						pag						
														() P	rofe	ssio	nal	Nurs	sing	Lea	der	ship									r.pa															
																																Phys ippl					t St	udi	ies (Com	nple	tion	ı Pr	ogr	am		
																																					ple	tio	nAp	ply							

lf appli	cabl	e, plea	ise in	dica	e wł	ien t	he T	OEF	[;] L, IE	LTS	, or l	Pea	rson	PT	E te	st w	as o	or w	ill b	e ta	aker	n:						Te	st I	Date	/ e (M	M/[DD/Y	YYY)															
•	•••	• • •	•••	••	•••	•••	• •	• • •	EFL, IELTS, or Pearson PTE test was or will be taken: Test Date (MMU/DD)/YYY) nemployee of Pace University? Yes No If yes, please explain: State Country State Country yes No Yes No <p< th=""><th>•</th><th>••</th></p<>				•	••																																			
								an e	empl	oye	e of I	Pac	e Un	ive	rsity	/?		0	Yes		0	N	0		lf	yes	i, pl	leas	se e	xpl	ain:	-																	_
Please	prov	ide th	e info	ormat	ion l	pelov	N:																																										
								Γ																																									
Current	Emp	oloyer																																															
			T	Π	Т	Т	Т	Т	Т	Γ					1	Г	Т	Т	Т	Т	Т	Т	Т						Г	Т	Т	Т	Т	Т	Т	Т													
City							-	_	-	1			Stat	te		Co	unt	rv	_	-			_	_					-	-	-	_	-		_														
	our e	mploy	ver pr	ovid	e tuit	ion r	eim	bur	seme	ent?					Yes																																		
•	•••	• • •	•••	••	• • •	•••	•	••	• • •	• • •	• • •	••	••	••	• •	•••	•	••	••	• •	••	••	•	••	••	•••	•	••	•	••	••	•	••	••	• •	•	••	••	•••	•••	• •	••	•••	• • •	••	•	••	••	•
Are you	a ci	tizen o	of the	Unit	ed S	tates	5?		0	Yes	\$	0	No							Are	you	u a j	peri	man	ent	res	ide	ent o	of tl	ne L	Init	ed	Stat	es?		C) y	'es	(0	No								
If you a	re no	ot a US	5 citiz	zen o	r per	man	ent	resi	dent	i, ple	ase	con	nple	te tl	he f	ollo	win	g:																															
		If acc	epted	l for a	admi	ssio	n to	Pac	e Un	iver	sity,	wil	l yo	u ne	ed	a Ce	rtifi	cate	e of	Elig	gibil	lity	(I-2	20) f	or a	ı stu	ıde	nt v	isa	?					С	Ye	S	C) N	0									
		lf no,	pleas	se ind	licat	e vis	a st	atus	; you	ı hol	d or	wil	l hol	d:	Γ	Т	1																																
															V	isa									Г	Т				Γ	Г	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т	Т					
		If yes	, plea	ise p	rovid	e the	e inf	orm	atio	n be	low:														0)ccu	pat	tion	in '	You	r He	omo	e Co	untı	y		_	-	-		-		_	_					
		—	-			-	–		-	-	Τ	—	-		1				_		-	-	_	-	-	-		_			_	1	_	_		_	_	-	_	_	Τ	-	т	-	_	_			1
																																	L																
		City o	of Birt	h												Cou	ntry	/ of	Birt	h													Coι	intry	/ of	Citi	zen	ship)										
Are you	nov	v in th	e US/	A?	C) Ye	es	C) N	0	I	l f y e	s, p	leas	se ir	ndica	ate y	you	r pre	esei	nt vi	isa	stat	tus l	belo	ow a	and	pro	ovid	e y	our	ho	ne o	oun	try	add	res	s:							Γ				
Г	-	7			_	-	-	-	—	—	—	_	-		-	-		-	-	—	-	Т	-	-	-	-		_	-	-	-	_	_	_	_	_	_		_	_			_	1	S	tat	е		
L									Ļ	Ļ	Ļ																	L																1					
V	sa S	tatus		Coll	ege /	Org	ani	zatio	on /	Emp	loye	er																Ci	ty																				
H	ome	Count	ry Ad	dres	s:																																												-
ус (Р	ur a leas	nticip	ated : If yo	Pace ou do	Univ not	ersit provi	y er	nroll	lmen	ıt da	te:	to																																					
								162		~	<u>،</u> د		-	<u>.</u>																																			
Will de											J Ye	es			No					_															_		_			_			_	_					
If yes, p (Please	oleas atta	se prov ch info	vide i ormat	nforr ion r	natio egaro	n be ding	e low add	: itior	าal d	eper	nden	nts v	vho	will	acc	omp	any	you	J.)	L																													
	_		_								_		_		_		_			La	st N	lam	e	_	_	_	_	_					_	_		_	_	_	_	_	_		_						
								L																									L		/			/											
First Na	me				_	_	-	-					Vidd	lle M	Vam	e	_	_	_	_			_	_	_	_	-	-	Г	_	_		Da	ite d	ot B	irth	(MN	1/DD	/YYY	Υ)	_	_		-	—	_	_	_	
								L	L			l																	L																L				
City of	Birth											C	Coun	try	of B	irth													R	ela	tior	ısh	p to	Stu	Ide	nt													
• · Which (of th	e follo	wing	was	•••• the l		••• est i	influ	enco	e in v	, vour	dec	 isio	•• n to	•••	••• olvt	o Pa	ace	••• Univ	•••	sitv	••• ? (F	••• ill i	•• n th	e ai	•••	•••	iate		cle)	••	•••	•	•	•	••	•••	• •	•••	••	••	•••	•	••	•••	•	•••	• •	••
		ccele	_											0		Fina					-						·					\circ	Re	com	me	nda	tior	ı fro	m Cı	urre	ent l	Pace	e St	ude	nt				
		ttend														Info																\sim							m Pa					uuc					
						mau		Jess	JUII																							\sim												taff	Ma	mb	or		
		Campu Career				ntor	nch:	n D.	ogr	am				(Onli																\sim											וכיו	taff	Me	.mu	CI		
								h Ll	ugra					(Phoi Cour			-Pei	rsor	n Mo	eeti	ing	with	ו Pa	ice /	Adn	niss	sion	I		\sim							m Ei		-								
		olleg				at Fa	ιΓ							~	_				D					1 ·	h	u - **													ity C		-			D					
		ourse	Utfe	rings										C		Scho	ool	rub	ucat	lon	ı Re	ceiv	ved	ın t	ne l	viail	ι						Ati	end	ed	a Sp	oeci	at E	vent	: wit	tu C	nos	en	Proş	gra	m			
	·	compl ever b			-								-	deg	gree	pro	gra	m?		_	Yes Yes			N N																									

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.

			1	/	/	Degree Received: Associate
Educational Institution Attended			Start Date (MM/YY)	End Date (MM/YY)	Date or Expected Date	O Bachelor's
					of Degree (MM/YY)	O Master's
						O None
City	State	Country				
						Degree Received:
						O Associate
Educational Institution Attended			Start Date (MM/YY)	End Date (MM/YY)	Date or Expected Date	🔵 Bachelor's
					of Degree (MM/YY)	O Master's
City	State	Country				O None
						Degree Received:
			/	/	/	
Educational Institution Attended			Start Date (MM/YY)	End Date (MM/YY)	Date or Expected Date	Bachelor's
					of Degree (MM/YY)	O Master's
						O None
City	State	Country				
City	State	Country				Degree Received:
	State	Country				Degree Received: Associate
City Educational Institution Attended	State	Country	Start Date (MM/YY)	End Date (MM/YY)	Date or Expected Date	-
	State		Start Date (MM/YY)	End Date (MM/YY)	Date or Expected Date of Degree (MM/YY)	Associate
Educational Institution Attended			Start Date (MM/YY)	End Date (MM/YY)		 Associate Bachelor's
	State	Country Country Country	Start Date (MM/YY)	End Date (MM/YY)		 Associate Bachelor's Master's
Educational Institution Attended			Start Date (MM/YY)	End Date (MM/YY)		 Associate Bachelor's Master's None Degree Received:
Educational Institution Attended City					of Degree (MM/YY)	Associate Bachelor's Master's None Degree Received: Associate
Educational Institution Attended			Start Date (MM/YY)	End Date (MM/YY) End Date (MM/YY)	of Degree (MM/YY)	 Associate Bachelor's Master's None Degree Received: Associate Bachelor's
Educational Institution Attended City					of Degree (MM/YY)	Associate Bachelor's Master's None Degree Received: Associate Bachelor's Master's
Educational Institution Attended City					of Degree (MM/YY)	Associate Bachelor's Master's None Degree Received: Associate Bachelor's
Educational Institution Attended City Educational Institution Attended	State				of Degree (MM/YY)	Associate Bachelor's Master's None Degree Received: Associate Bachelor's Master's
Educational Institution Attended City Educational Institution Attended City Educational Institution Attended City	State State State State	Country Country Country	Start Date (MM/YY)	End Date (MM/YY)	of Degree (MM/YY)	Associate Bachelor's Master's None Degree Received: Associate Bachelor's Master's

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).

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)

O No

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







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.

F (F F	Pace University Dne Pace Plaza New York, NY 10038 Phone: (212) 346-15 Fax: (212) 346-1	31	Pace University One Martine Avenu White Plains, NY 10 Phone: (914) 422-4 Fax: (914) 422-4	606-1932 USA 283 287	
Applicant Name	Eirct		Middle	Last	
Applicant Address					
Applicant Day Telephone	() Area Code / Number		Evening Telephone	() Area Code / Number	
Fax () Area Code / Number		E-mail			
Location 🗆 New York City	□Westchester				
Applicant Entry Term	□ Fall Year	□ Spring Year	Summer I Year	Summer II 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			///////	Year
Position or Title	School or Firm			
Address	City	State	Zip Code	
Telephone () Area Code / Number	,			
In what capacity have you known the applicant? _				
What is your overall recommendation?				
□ Strongly recommend □ Recommend	\Box Recommend with some reservation	🗆 Do not re	commend	



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.

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



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.

F () F F	Pace University One Pace Plaza New York, NY 10038- Phone: (212) 346-15 Fax: (212) 346-1 <u>9</u>	31 585	Office of Graduate A Pace University One Martine Avenue White Plains, NY 100 Phone: (914) 422-42 Fax: (914) 422-42 E-mail: graduatead	506-1932 USA 183 187	
Applicant Name	Fired		Middle		
Applicant Address				Last	
Applicant Day Telephone	() Area Code / Number		Evening Telephone	() Area Code / Number	
Fax () Area Code / Number					
Location 🗆 New York City	□Westchester				
Applicant Entry Term	□ Fall Year	□ Spring Year	Summer I Year	Summer II 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			///////	Year
Position or Title	School or Firm			
Address	City	State	Zip Code	
Telephone () Area Code / Number	,			
In what capacity have you known the applicant? _				
What is your overall recommendation?				
□ Strongly recommend □ Recommend	\Box Recommend with some reservation	🗆 Do not re	commend	



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.

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



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 Na	U Number		
Present Address					
	Street	City		State	Zip Code
Permanent Address					
	Street	City		State	Zip Code
Day Telephone (_		
Area Code	e / Number	Ext.			
Cell Number ()			E-mail		
Area Code /	Number				
Anticipated entry term:			Summer I		
	Year	Year	Year	Year	
Please indicate your car	mpus location: \Box Ne	ew York City 🗆 V	Westchester		
Please indicate your ava	ailability to work as a	Graduate Assist	tant: 🛛 10 hours per w	eek 🛛 5 hours per wee	k
Please indicate the Pace	e University graduate	degree program	n to which you are apply	/ing	
	, -		, , , , , , , , , , , , , , , , , , , ,	-	
-					
	ollit Average			inajoi, GFA (ii applicable)	
TOEFL, IELTS, or Pearso	n PTE score (if applic	able) Total			
			Mo	onth Day Year	
Please complete the Sk	xills Questionnaire o	n 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	Da	te /	1	/
		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.

I

	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):				
16. Other Skills (please specify):				
Comments:				

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.)

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

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.

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 and Fees (18 credits)	\$	39,307.00	
Living Expenses (room and board)	\$	17,343.00	
Health Insurance	\$	950.00	
Other (books, personal expenses, and transportation)	\$	2,780.00	
Total:	\$	60,380.00	

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 (ABSN) SPONSOR AFFIDAVIT OF SUPPORT

TO BE COMPLETED BY SPONSOR 1

I certify that I am willing and able to sponso	f			
				(insert student name)
with the minimum amount of	US do	ollars for	her/his g	raduate tuition and living expenses while attending
	ink documentat			dated and signed by a bank official no more than s account funds sufficient to sponsor the student.
Cianatura	/_	Dav	/	Relationship to Student
Signature	Month	Day	Year	
Print Name		Sponsor	Citizenshi	0
Print Address				Telephone Number
Fax Number E-ma	il			
SPO	NSOR AFF	FIDAV	IT OF	SUPPORT
TO BE COMPLETED BY SPONSOR 2				
I certify that I am willing and able to sponso	r			
				(insert student name)
with the minimum amount of(insert am	US do	ollars for	her/his g	raduate tuition and living expenses while attending
Pace University. I have attached original ba	ink documentat			dated and signed by a bank official no more than s s account funds sufficient to sponsor the student.
	1		/	
Signature	Month	Day	Year	Relationship to Student
Print Name		Sponsor	Citizenshi	2
i mit Name		Sponsor	Citizensin	5
Print Address				Telephone Number
Fax Number E-ma	1			
				SUPPORT
	NSUK AF	IDAV		SUFFORT
TO BE COMPLETED BY SPONSOR 3				
I certify that I am willing and able to sponso	·			(incort student name)
and the second se			h /h :	(insert student name)
with the minimum amount of (insert am	US do ount)	ollars for	ner/his g	raduate tuition and living expenses while attending
Pace University. I have attached original ba	ink documentat			dated and signed by a bank official no more than s s account funds sufficient to sponsor the student.
Signature	<u>/</u> /_	Day	_/ Year	Relationship to Student
	Month	Duy	icui	
Print Name		Sponsor	Citizenshi	0
Print Address				Telephone Number
Fax Number E-ma	íl –			

College of Health rotessions

Work toward greatness

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.)

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 Vinevard Building 861 Bedford Road Pleasantville, NY 10570 USA Phone: (914) 422-4283 Fax: (914) 422-4287 E-mail: graduateadmission@pace.edu

US dollars available to me for the following expenses of my graduate education at Pace University.

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.

COLLEGE OF HEALTH PROFESSIONS PHYSICIAN ASSISTANT PROGRAM

2016-2017 TOTAL E	ESTIMATED EX	XPENSES	for the F	ALL AND	Spring 7	[ERMS*
			UC Della			· · · · · · · · · · · · · · · · · · ·

		If or sponsor**)	(self, sponsor**, or scholarshi	
Tuition and Fees (18 credits)		23,470.00		
Living Expenses (room and board)	\$	17,343.00		
Health Insurance	\$	950.00		
Other (books, personal expenses, and transportation)	\$	2,780.00		
Total:	\$	44,543.00		

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 | AND SUMMER || TERMS*

			Dollars f or sponsor**)	Source of Support (self, sponsor**, or scholarship)
	Tuition and fees (6 credits)		\$ 7,517.00	
	Living Expenses (room and board)		\$ 7,978.00	
	Other (books, personal expenses,	and transportation)	\$ 651.00	
	Total:		\$ 16,146.00	
	Grand Total (12 Months):		\$ 60,689.00	
Cimentum		//	 	
Signature		Month Day Year	Print Name	
Print Address				
Telephone	Fax		 E-mail	
* Cubication shows				

* Subject to change.

**Each sponsor must complete an affidavit of support (see reverse side) and submit official bank documentation verifying availability of funds. 2016



COLLEGE OF HEALTH PROFESSIONS PHYSICIAN ASSISTANT PROGRAM SPONSOR AFFIDAVIT OF SUPPORT

TO BE COMPLETED BY SPONSOR 1

I certify that I am willing and able to spor	1sor			
				(insert student name)
with the minimum amount of	US de	ollars for	her/his g	raduate tuition and living expenses while attending
Pace University. I have attached origina				dated and signed by a bank official no more than sive 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			
SF	PONSOR AF	FIDAV	IT OF	SUPPORT
TO BE COMPLETED BY SPONSOR 2				
I certify that I am willing and able to spor	1sor			
				(insert student name)
		ollars for	her/his g	raduate tuition and living expenses while attending
(amount) Lbank documentat	tion in U	S dollars	dated and signed by a bank official no more than six
				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			
	PONSOR AF			SUDDODT
	UNSUK AFI	TUAV		SUFFORI
TO BE COMPLETED BY SPONSOR 3				
I certify that I am willing and able to spor	150r			(insert student name)
with the minimum energy of		- 11 6	h	
with the minimum amount of(insert	US do amount)	ollars for	ner/nis g	raduate tuition and living expenses while attending
	1	tion in U	S dollars	dated and signed by a bank official no more than siv
months before the student's enrollment	at Pace University	indicatin	ng 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			



Office of Graduate Admissions

graduateadmission@pace.edu

New York City Campus One Pace Plaza New York, NY 10038 (212) 346-1531 Westchester Campus The Vineyard Building 861 Bedford Road Pleasantville, NY 10570 (914) 422-4283



@PaceAdmissions

Work toward greatness.