

COLLEGE OF HEALTH PROFESSIONS

Graduate Application and Admission Information **2016**

College of Health Professions





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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 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/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 All master's and doctoral level nursing programs (Fall admission only), and Accelerated Bachelor of Science in Nursing (ABSN) only (Fall admission—NYC Campus) **DEADLINES** Priority deadline. March 1 Applications will be accepted and reviewed until April 15. Accelerated Bachelor of Science in Nursing (ABSN) only (Spring admission—Westchester Campus) Deadline. ..September 15 PA Studies Completion Program (Spring)... December 1 PA studies completion program applicants must apply at www.pace.edu/PACompletionApply. PA Program (Summer). September 1 PA applicants must apply at www.pace.edu/PAStudiesApply.

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.

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Are you or an immediate family member an employee of Please provide the information below:	Pace University? Yes No If yes, please 6	xplain:
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Does your employer provide tuition reimbursement?	O Yes O No	
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Are you a citizen of the United States? Yes	No Are you a permanent resident of t	he 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 O No
If no, please indicate visa status you hold or	will hold:	
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Please explain here if this visa status expires prior your anticipated Pace University enrollment date: (Please note: If you do not provide this information, we cannot process your I-20.)		
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Which of the following was the biggest influence in your	decision to apply to Pace University? (Fill in the appropriate cir	cle):
 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	Recommendation from Employer
Ocllege or Professional Fair	Counselor	 Tour of Pace University Campus
O Course Offerings	O School Publication Received in the Mail	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 progra		
If yes, explain the reason that you did not graduate fro		

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

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.

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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)	
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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: (213) 246-1531

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	()_ Area Code / Number		_ Evening Telephon	e () Area Code /	Number	
Fax ()Area Code / Number		E-mail				
Location ☐ New York City	√ □ Westchester					
Applicant Entry Term	□ Fall □ □	Spring Year	☐ Summer IYear	☐ Summer I	l Year	
confidentiality states you have the right to revier recommendation if you chadmission. Please check to	ew your educational reducational reducation to	cords if you attend waive or not to wa	Pace University. You mive your right of access	ay waive your i	ight of access to t	his specific
☐ I hereby waive my right	of access to this recon	nmendation. 🗆 I	do not waive my right	of access to thi	s recommendation	n.
To the Recommender—Pl If you wish to use a letter	•				dmission indicated	l above.
Name of Recommender (F	Please print)					
Signature of Recommend	er				/	/ y Year
Position or Title		School o	r Firm			·
AddressNumber and Str	reet	City		State	Zip Code	
Telephone () Area Code / Nun		·		State	Zip code	
In what capacity have you	ı known the applicant?	?				
What is your overall recor	mmendation?					
☐ Strongly recommer	nd Recommend	☐ Recommend \	with some reservation	☐ Do not r	ecommend	



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						
Please assess the applicant in the foll	owing areas:					
a. Area of specialization (technical	knowledge, analyt	ical ability, atte	ention to detail,	, etc.)		
b. Potential for achievement in gra	duate study					
c. Potential for professional achiev	vement					



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.

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Pace University
One Pace Plaza
One N
New York, NY 10038-1598 USA
Phone: (212) 346-1531
Phone

Fax: (212) 346-1585 E-mail: graduateadmission@pace.edu Office of Graduate Admission (Westchester)
Pace University
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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	() Area Code / Number		Evening Telephone	() _ Area Code / N	lumber		
Fax ()Area Code / Number		E-mail					
Location ☐ New York City	□ Westchester						
Applicant Entry Term	□ Fall □	Spring Year	☐ Summer IYear	☐ Summer II	Year		
confidentiality states you have the right to revie recommendation if you ch admission. Please check t	w your educational recoose. Your decision to he appropriate box and	cords if you attend waive or not to wa d sign your name b	Pace University. You may ive your right of access we elow:	waive your rivill have no ef	ght of acces fect on your	s to this applicati	specific
To the Recommender —Pl	•				mission ind	icated ab	ove.
Name of Recommender (F	Please print)						
Signature of Recommend	er				/_ /_	Day	/ Year
Position or Title		School o	r Firm				
AddressNumber and Str	reet	City		State	Zip	Code	
Telephone () Area Code / Num	nber						
In what capacity have you							
What is your overall recor	mmendation?						
☐ Strongly recommer	nd Recommend	☐ Recommend v	with some reservation	☐ Do not re	commend		



The Admission Committee would appreciate your candid appraisal of the applicant.

ntellectual Ability	Outstanding (Top 2%)	Superior (Top 10%)	Good (Top Third)	Fair (Middle Third)	Poor (Bottom Third)	No basis for judgment
Tellectual / Ibility						
Ability to Work with Others						
Ability in Written Expression						
Ability in Oral Expression						
Maturity						
nitiative/Independence						
Creativity/Originality						
Potential for Career Advancement						
Please assess the applicant in the follo						
a. Area of specialization (technical l		ical ability, atte	ention to detail,	etc.)		
b. Potential for achievement in grad	-					
c. Potential for professional achieve						
	Silvent					



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				77. 6. 1
	Street	City	State	Zip Code
Day Telephone (Area Cod) de / Number	Ext.	_	
Cell Number () Area Code ,			E-mail	
Anticipated entry term	: □ Fall □ Year	Spring Year	□ Summer I	 r
Please indicate your ca	ampus location: 🗆 N	ew York City 🗆 \	Westchester	
Please indicate your av	vailability to work as a	a Graduate Assis	tant: \Box 10 hours per week \Box 5 hours per v	week
Please indicate the Pag	ce University graduat	e degree progran	n to which you are applying	
Undergraduate Institut	tion			
Undergraduate Grade	Point Average	Previou	us graduate institution, major, GPA (if applical	ble)
TOEFL, IELTS, or Pears	on PTE score (if appli	cable) Total	////	_
Please complete the S	ikills Questionnaire o	n the next page		
rules, regulations, and	procedures set forth i	n the current bull	gistration and continuance on the rolls and gra etins, catalogs, and other publications, and no holarship, discipline, attendance, and payment	tices of Pace University and as the
Applicant Signature			Date _	//



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.

		1		
	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

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

			Dollars If 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 m	ay d	educt the amou	unt here:
		Tot	al: \$	
signature	// Month Day Yea	 ar	Print Name	
signature Print Address		ar	Print Name	

^{*} 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 sponsor	·
	(insert student name)
with the minimum amount of	US dollars for her/his graduate tuition and living expenses while attending ount)
Pace University. I have attached original ba	nk documentation in US dollars dated and signed by a bank official no more than six 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-ma	<u> </u>
SP0	NSOR AFFIDAVIT OF SUPPORT
TO BE COMPLETED BY SPONSOR 2	
I certify that I am willing and able to sponsor	(insert student name)
	US dollars for her/his graduate tuition and living expenses while attending ount)
Pace University. I have attached original ba	ount) Ink documentation in US dollars dated and signed by a bank official no more than sixelection of the student. 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-ma	<u> </u>
	NSOR 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
	Ink documentation in US dollars dated and signed by a bank official no more than six 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-ma	il



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.

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

Office of Graduate Admission

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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

17

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 ESTIMATED EXPENSES FOR THE FALL AND SPRING TERMS*

		Dollars elf or sponsor**)	(self, sponsor**, or scholarship)
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 m	ay d	educt the amou	unt here:
	Tot	al: \$	
If you plan on enrolling in summer 2016, then you mu	ıst in	clude the follo	wing as well:
ESTIMATED EXPENSES FOR THE ORTIONAL C		AED LAND C	union II Tennet

		US Dollars (self or sponsor**)	Source of Support (self, sponsor**, or scholarship)
	Tuition and fees (6 credits) Living Expenses (room and board) Other (books, personal expenses, and transportation)	\$ 7,517.00 \$ 7,978.00 \$ 651.00	
	Total: Grand Total (12 Months):	\$ 16,146.00 \$ 60,689.00	
Signature	Month Day Yea		
Print Address			
Telephone		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 PHYSICIAN ASSISTANT PROGRAM 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(insert amount)	US do	ollars for	her/his g	raduate tuition and living expenses while attending
Pace University. I have attached original bank do months before the student's enrollment at Pace U				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				
SPONSO)R AF	FIDAV	IT 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(insert amount)	US do	ollars for	her/his g	raduate tuition and living expenses while attending
	cumentat	tion in U	S dollars	dated and signed by a bank official no more than six
	/		_/	Relationship to Student
Signature	Month	Day	Year	Relationship to Student
Print Name		Sponsor	Citizenship)
Print Address				Telephone Number
Fax Number E-mail				
)R AF	FIDAV	IT OF	SUPPORT
TO BE COMPLETED BY SPONSOR 3				
I certify that I am willing and able to sponsor				
Tertify that rain withing and able to sponsor				(insert student name)
with the minimum amount of(insert amount)	US do	ollars for	her/his g	raduate tuition and living expenses while attending
				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				

College of Health Professions



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