

COLLEGE OF HEALTH PROFESSIONS

Graduate Application and Admission Information **2017**

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 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.

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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:

- sent from any NACES (www.naces.org) accredited translation evaluator (preferred)
- sent and attested by the institution of origin
- · the student's Ministry of Education
- a US consular officer; or
- 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 nonimmigrant 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.

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APPLICATION INSTRUCTIONS

Please complete and mail your application to the 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**.

Pace University
Graduate Admission Office, W110
Graduate Application Processing Center
One Pace Plaza
New York, NY 10038
(212) 346-1531
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.

INTERVIEWS

An interview is required for all ABSN applicants. Applicants to the MS program may be asked to participate in an interview.

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, 268§. 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 one-year program and the PA program.

APPLICATION All master's and doctoral level nursing programs (Fall admission only) and
DEADLINES Accelerated Bachelor of Science in Nursing (ABSN) only (Fall admission—NYC Campus)

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

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. Degree Received: Associate **Educational Institution Attended** Start Date (MM/YY) End Date (MM/YY) **Date or Expected Date** Bachelor's of Degree (MM/YY) Master's None City State Country **Degree Received:** Associate Start Date (MM/YY) **Educational Institution Attended** End Date (MM/YY) **Date or Expected Date** Bachelor's of Degree (MM/YY) Master's None City State Country **Degree Received:** Associate **Educational Institution Attended** Start Date (MM/YY) Date or Expected Date End Date (MM/YY) Bachelor's of Degree (MM/YY) Master's None City Country **Degree Received:** Associate **Educational Institution Attended** Start Date (MM/YY) End Date (MM/YY) **Date or Expected Date** Bachelor's of Degree (MM/YY) Master's None City State Country Degree Received: Associate **Educational Institution Attended** Start Date (MM/YY) **Date or Expected Date** End Date (MM/YY) Bachelor's of Degree (MM/YY) Master's None City State Country Have you ever been placed on academic or disciplinary probation or been dismissed from any institution? O No If yes, please attach your statement of the circumstances. Have you ever been convicted of or plead guilty to a misdemeanor or felony? O No O Yes 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. Date (MM/DD/YYYY) Applicant's Signature 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/YYYYY) 2017

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



RECOMMENDATION FORM

To the Applicant—Please complete the section below. 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.

Pace University
Graduate Admission Office, W110
Graduate Application Processing Center
One Pace Plaza
New York, NY 10038
(212) 346-1531
graduateadmission@pace.edu

Applicant Name						
	First		Middle		Last	
Applicant Address						
Applicant Day Telephone	()		Evening Telephone			
	·			•	ımber	
Fax ()Area Code / Number		E-mail				
Location	□Westchester					
Applicant Entry Term	□ Fall Year	Spring Year	☐ Summer IYear	\square Summer II $_$	Year	
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\square I hereby waive my right	of access to this reco	mmendation. 🗆 I d	do not waive my right of	access to this	recommendation.	
To the Recommender —Plot If you wish to use a letter	· ·				nission indicated abo	ove.
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Signature of Recommend	er				/	/Year
Position or Title		School or	Firm		,	
Address						
Number and Str	reet	City		State	Zip Code	
Telephone ()_Area Code / Num	nber					
In what capacity have you	ı known the applicant	i?				
What is your overall recor	mmendation?					
☐ Strongly recommer	nd Recommend	☐ Recommend w	vith some reservation	☐ Do not red	commend	

2017



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:					
Please assess the applicant in the foll a. Area of specialization (technical	_	ical ability, atte	ention to detail,	etc.)		
b. Potential for achievement in gra	knowledge, analyt	ical ability, atte	ention to detail,	etc.)		
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RECOMMENDATION FORM

To the Applicant—Please complete the section below. 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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Applicant Name				
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Signature of Recommend	er			//// Nonth Day Year
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In what capacity have you	u known the applicant? _			
What is your overall reco	mmendation?			
		☐ Recommend with some reservation	☐ Do not recom	nmend

13295_Graduate Application 2017 CHP v4.indd 11

2017



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						
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demonstrate them. Describe the appli	cant's current assig	gnment and spe	ecial responsibil	ities, if applicabl	е.	
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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 Number	Ext.				
Cell Number ()			E-mail			
Area Code / N	umber					
Anticipated entry term:	□ Fall □	Spring	☐ Summer I	Summer II		
	Year	Year	Year	Year		
Please indicate your cam	pus location: 🗆 N	ew York City	Westchester			
Please indicate vour avai	lability to work as	a Graduato Assis	tant: \Box 10 hours per week	r □ E hours ner weel	k	
ŕ	· ·		·			
	, -		n to which you are applying	·		
Undergraduate Institution						
Undergraduate Grade Po	int Average	Previo	us graduate institution, maj	or, GPA (if applicable)		
TOEFL, IELTS, or Pearson	PTE score (if appli	cable) Total	Date	/ /		
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Please complete the Skil	ls Questionnaire o	on the next page				
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			etins, catalogs, and other p			
			holarship, discipline, attend			
Applicant Signature				Date	1	
applicant Dignature				Date	///////	Vear



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
Library Research				
Searching Databases				
Reference Management Software: Endnote, Zotero				
Writing				
Editing Manuscripts				
Statistics				
Statistical Software: SPSS, SAS				
Survey and Research Software: Qualtrics				
Teaching				
Tutoring				
Assisting Faculty in Classroom				
Assisting Faculty Online (Blackboard)				
Microsoft Office (Excel, PowerPoint)				
Web Page Design				
Foreign Languages (please specify):				
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.

Pace University
Graduate Admission Office, W110
Graduate Application Processing Center
One Pace Plaza
New York, NY 10038
(212) 346-1531
graduateadmission@pace.edu

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.

COLLEGE OF HEALTH PROFESSIONS Accelerated Bachelor of Science in Nursing Degree-ABSN (One-Year Program) 2017–2018 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	n) \$ 2,780.00	
	Total:	\$ 61,618.00	
	If you have been awarded a merit scholarship, yo	u may deduct the amo	unt here:
		Total: \$	
Signature	Month Day	Year Print Na	me
Signature			
Print Address			

2017

**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	hor/hic a	
(insert amount)	03 dollars for	nei/ilis g	raduate tuition and living expenses while attending
Pace University. I have attached original bank do months before the student's enrollment at Pace L			dated and signed by a bank official no more than size account funds sufficient to sponsor the student.
Signature	Month Day	/ 	Relationship to Student
0	.,		,
Print Name	Sponsor	Citizenshi	0
Print Address			Telephone Number
Fax Number E-mail			
SPONSO	OR AFFIDAV	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	US dollars for	her/his g	raduate tuition and living expenses while attending
(insert amount) Pace University I have attached original bank do	ocumentation in U	dollars	dated and signed by a bank official no more than six
months before the student's enrollment at Pace L			
	/	/	
Signature	Month Day	Year	Relationship to Student
Print Name	Sponsor	Citizenshi	p
Print Address			Telephone Number
Fax Number E-mail			
SPONSO	OR AFFIDAV	IT 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 g	raduate tuition and living expenses while attending
(insert amount) Pace University. I have attached original bank do	ocumentation in US	dollars	dated and signed by a bank official no more than six
months before the student's enrollment at Pace L	Jniversity indicatin	g savings	s account funds sufficient to sponsor the student.
<u>S'</u>	/	/	Relationship to Student
Signature	Month Day	Year	Relationship to Student
Print Name	Sponsor	Citizenshi	p
Print Address			Telephone Number
Fax Number E-mail			2017



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.

Pace University
Graduate Admission Office, W110
Graduate Application Processing Center
One Pace Plaza
New York, NY 10038
(212) 346-1531
graduateadmission@pace.edu

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.

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

2017-2018 TOTAL ESTIMATED EXPENSES FOR THE FALL AND SPRING TERMS*

US Dollars

Source of Support

		(self or sponsor**)	(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	
	Total:	\$ 45,758.00	
	If you have been awarded a merit scholarship, you m	ay deduct the amo	unt here:
		Total: \$	
	If you plan on enrolling in summer 2018, then you mu	ıst include the follo	wing as well:
	ESTIMATED EXPENSES FOR THE OPTIONAL S		_
		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	
	Total:	\$ 13,810.00	
	Grand Total (12 months):	\$ 58,248.00	
	/ /		
ignature	Month Day	Year Print Name	9
Print Address			
elephone	Fax	E-mail	
Subject to chan	ge.		
•	ust complete an affidavit of support (see reverse side) and submit o	fficial bank documenta	ition verifying availability of funds.

2017



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	US dollars for her/his graduate tuition and living expenses while attending				
	cumentat	tion in U	S dollars	dated and signed by a bank official no more than six	
Signature	/	 Dav	_/	Relationship to Student	
Signature	MOILLI	Day	rear	Relationship to Student	
Print Name		Sponsor Citizenship			
Print Address				Telephone Number	
Fax Number E-mail			-		
)R AFI	FIDAN	/IT OF	SUPPORT	
TO BE COMPLETED BY SPONSOR 2	/IL AI I	IIDA	, ii oi	Jorroki	
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)	cumental	tion in II	S dollars	dated and signed by a bank official no more than six	
months before the student's enrollment at Pace L					
Signature	/	Day	_/	Relationship to Student	
Signature	MOILLI	Day	real	Relationship to Student	
Print Name	Sponsor Citizenship				
Print Address				Telephone Number	
Fax Number E-mail			-		
SPONSO	OR AFI	FIDA	/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 dollars for her/his graduate tuition and living expenses while attending				
				dated and signed by a bank official no more than six s 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			-		
18				2017	

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College of Health Professions



Office of Graduate Admission

graduateadmission@pace.edu

Pace University Graduate Admission Office, W110 Graduate Application Processing Center One Pace Plaza New York, NY 10038 (212) 346-1531 graduateadmission@pace.edu





@PaceAdmissions