

VISITING STUDENT APPLICATION

Please submit this application with a \$70 non-refundable application fee to the Office of Graduate Admission, accompanied by a sealed envelope containing an original statement from the graduate school in which you are currently enrolled that includes the following:

- 1. The graduate degree program in which you are matriculated;
- 2. Verification that you are a graduate student in good standing; and
- 3. An official university seal or signature.

Name			
First	Middle		Last
Present Address			
Street Home Telephone ()	City Bus	State siness Telephone ()	Zip
Area Code / Number		Area Code / N	Number
Fax ()	E-mail		
Are you a US citizen or permanent resident? ☐ Yes ☐	No		
International students who require an F1 visa are not eligible to enroll as a visiting student.			
Institution Currently Attending			
Name		Location	
Semester in which you wish to enroll: Fall Year	☐ Spring Ye	Summer I ar Year	Summer II Year
Campus: ☐ New York City ☐ Westchester			
Graduate program you wish to attend:			
☐ COLLEGE OF HEALTH PROFESSIONS			
DYSON COLLEGE OF ARTS AND SCIENCES			
$\ \square$ Biochemistry and Molecular Biology			
□ Counseling			
Environmental Policy			
☐ Environmental Science			
☐ Forensic Science			
☐ Media and Communication Arts			
☐ Psychology☐ Public Administration			
□ Public Administration □ Publishing			
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☐ LUBIN SCHOOL OF BUSINESS			
☐ SCHOOL OF EDUCATION			
☐ SEIDENBERG SCHOOL OF COMPUTER S	SCIENCE AND INFO	DRMATION SYSTEMS	
You may register for a maximum of TWO COURSES on a sp	ace-available bas	is. Courses must be complete	ed in the semester indicated above.
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Course Number			Title
Course Number			Title
Have you ever applied to or enrolled in any graduate pr	ogram at Pace Ur	niversity? ☐ Yes ☐ No	
If yes, please indicate: Semester	Yea	r Program	
I certify that all of the information provided by me or on my b			
I am obligated to supplement my application as soon as I know			
behalf is inaccurate or incomplete. I also certify that the perso work. I acknowledge that Pace University may, at its sole dis			
that if I omit relevant information or provide inaccurate informa-			
original work, or if I fail to supplement my application as requ			
admission, impose disciplinary sanctions against me, dismiss me	from Pace University	y, and/or rescind any degrees or c	ertificates 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 pro	ocedures of Pace Uni	iversity, whether published or un	published, and I agree to comply with them.
Date / /			
Month Day Year		Signature of App	licant