APPLICATION FOR GRADUATE NON-DEGREE STATUS



To apply and register as a non-degree student, you must:

Contact the academic department listed below in order to schedule an advisement session and to obtain approval.

(You will need to provide a copy of your undergraduate and/or graduate transcripts.)

Dyson College of Arts and Sciences			New York City	Westchester
Biochemistry and Molecular Biology	(212)346-1853	School of Education	(212) 346-1338	(914) 773-3829
Counseling	(914) 773-3309	Seidenberg School of Computer Science	(222) 540 2550	() =4/ 11 J J S = J
Environmental Policy Environmental Science	(914) 422-4283 (914) 773-3655	and Information Systems	(212) 346-1005	(914) 422-4191
Forensic Science	(212) 346-1967	and information systems	(212) 340-1005	(914) 422-4191
Media and Communication Arts	(914) 773-3790			
Psychology	(212) 346-1506			
Public Administration	(914) 422-4299			
Publishing	(212) 346-1431			

Submit the department-approved application and registration form with a non-refundable \$70 check or money order to:

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

Name					
Last		First		Middle	
☐ Female ☐ Male (Optional)					
Current Mailing Address					
Day Telephone ()		Evening Tel	ephone ()		
Area Code / Numbe	r		Area C	ode / Number	
Fax ()Area Code / Number	E-mail				
	☐ SpringYear	☐ Summer IYea			
At which campus location do you pl	an to attend classes	s? □ New York City	☐ Westcheste	r	
Have you previously applied to any §	graduate program of	Pace University?	□ Yes □ No If y	es, please explain:	
Please list, in chronological order, a	ll institutions attend	led since your high	school graduation.		
Undergraduate/Graduate Institution Attended	Location	Dates Attended	Major	Degree Awarded	Date or Expected Date of Degree
If I enroll in the Seidenberg School of Computer its equivalent for the courses in which I register. a US bachelor's degree or its equivalent. My sig University. I understand that I may enroll for a me I further understand that if I am accepted to a degree or its ettify that all of the information provided by supplement my application as soon as I know also certify that the personal statement submit sole discretion, verify any information submitt information that is misleading, submit a personal its sole discretion, deny my application for act degrees or certificates awarded to me by Pace Lacknowledge that the application fee I have pal acknowledge that I am bound by the policies, a Signature	If I enroll in the College of the co	of Health Professions, Dy firms that I do not requinon-dependent and redit for only two courses pport of my application I habilication for admission is y application. I acknowled the profession is solely my own original whission, impose disciplinate is not refundable. Pace University, whether	son College of Arts and e a student visa or exch that I am not guaranteed successfully completed for admission is complet we provided or that was solely my own original edge that if I omit relev ork, or if I fail to suppler try sanctions against me published or unpublishe	Sciences, or School of E ange visitor's visa to att a acceptance to a gradua as a non-degree student te and accurate. I acknow provided on my behalf work. I acknowledge th ant information or prov nent my application as r a, dismiss me from Pace	ducation, I confirm that I hola tend graduate classes at Pace te program of Pace University. may be applied to a program. wledge that I am obligated to is inaccurate or incomplete. at Pace University may, at its ide inaccurate information or required, Pace University may, University, and/or rescind any with them.
			Mont	n Day	rear
FOR OFFICE USE ONLY	//	BY	'	1	BY
FEE REC	DATE (MM/DD/YYYY)		DATA ENTRY D	ATE (MM/DD/YYYY)	



REGISTRATION FORM FOR GRADUATE NON-DEGREE STATUS

U Number		Last Name	First	Middle			
□ Fall Year	_ □ Spring <u> </u>	_ □ Summer I Year	_ □ Summer IIYe	ear			
CAMPUS NY/MT/WT/GC/PL/BR/OC SUBJE	course Z 1 0 0 A		OURSE SENCE NO. CRS 9993	CHAIR GAS/GCS SIGNATURE DATE GDN/GED			
Please provide information below. (Optional)							
DATE OF BIRTH//_							
ETHNICITY (OPTIONAL): African-American, no American Indian or A	•	☐ Asian or Pacific Isla☐ Caucasian, non-His		panic er(please specify)			
EMERGENCY NAME:	Last	First	RELATIC	DNSHIP:			
EMERGENCY ADDRESS:							
EMERGENCY TELEPHONE: ()						
rules, regulations, and proced	dures set forth in the	current bulletins, catalog	is, and other publica	alls and graduation are subject to all policies, ations, and notices of Pace University and as ce, immunization requirements, and payment			
Signature				DATE / / / / Year			
FOR OFFICE USE ONLY	REG. OPERATOR'S SIGNA	ATURE		DATE (MM/DD/YYYY)			