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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 US. 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 US should review the Bridge Program on page 3.

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. International scholarship recipients must register for nine (9) credits per fall and spring semesters.

### **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, motivation, leadership potential, and maturity as evidenced by work and/or volunteer experience, extracurricular activities, recommendations, and responses to questions on the application.

#### **Non-Degree Status (NDS)**

The objective of the non-degree status is to enable students who qualify by virtue of previous education or experience to enroll in appropriate graduate courses on a space-available basis.

Students who elect to register or are advised to register for course work under this status must return the Application for Non-Degree Status, with a \$70 application fee, to the Office of Graduate Admission after obtaining written approval from the chairperson of the department offering the course(s). Students may register for a maximum of 12 credits in non-degree status. However, students who wish to become fully-matriculated in the Seidenberg School of Computer Science and Information Systems graduate program, should apply to the Office of Graduate Admission for matriculation prior to enrolling in a third course.

The Application for Non-Degree Status can be found on page 15.

#### **Auditor**

Individuals holding a US bachelor's degree or its equivalent may apply to audit a maximum of two graduate courses at Pace University. The objective of auditor status is to enable students seeking a renewal or extension of knowledge related to their careers to enroll in appropriate graduate courses. Auditors are granted neither grades nor credit for audited courses. An audited course will not be applied to a degree program. Applications for auditor status are available from the Office of Student Assistance.

#### **Visiting Student**

A student currently in good standing in a comparable graduate program at another institution may apply to take courses in a graduate program of Pace University by completing the Visiting Student Application on page 14. Applicants accepted as visiting students may take a maximum of two courses in a Pace graduate program. Registration for courses is on a space-available basis and the courses must be completed in the semester for which the visiting student applied.

#### **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.

#### PHD IN COMPUTER SCIENCE

The PhD program at the Seidenberg School of Computer Science and Information Systems is designed to produce productive research scholars who will typically assume academic positions in their chosen fields. The degree requirements for the PhD focus on acquiring the skills necessary to conduct rigorous research.



#### INTERNATIONAL STUDENT INFORMATION

#### **APPLICATION FEE**

Applicants from outside the US 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.

# INTERNATIONAL STUDENTS WITH THREE-YEAR BACHELOR'S DEGREES

Please visit **www.pace.edu/bridgeprogram** for more information.

#### **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 by a NACES accredited evaluator of foreign coursework 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.

Based on your score and other requirements, your application will be evaluated for:

- Direct admission
- Admission to the Pace Global Pathways Program
- Admission to the English Language Institute

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**

Admitted international who require an F-1 visa to study in the US will need to receive a Form I-20. For more information, visit www.pace.edu/accepted-grad.

#### **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 country 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 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 Office of Graduate Admission. Be sure to sign the last page of the application and all additional papers. To check the status of your application, visit **applicantportal.pace.edu**.

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

Please submit the following: APPLICATION FEE

Applications may be printed or typed and must be accompanied by a non-refundable application fee of \$70 in the form of a check or money order in US dollars payable to Pace University.

**RESUME** 

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 achievement you have received (e.g., licenses, publications, and awards).

**PhD in Computer Science applicants** must hold a master's degree in computer science or a closely related field. Applicants will be required to make a research presentation, in-person or online, to an admission committee comprising professors for admission to the PhD Computer Science program.

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 also be included as a supplement.

LETTERS OF RECOMENDATION

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.

Letters may be sent by your recommenders electronically, or forwarded in sealed envelopes. Letters sent electronically to **graduateadmission@pace.edu** must meet the following requirements:

- Letters must be sent directly from recommender
- Letters sent directly from applicants will not be accepted
- Letters must be on official letterhead and must include the recommender's signature

Visit the Forms and Brochures page for access to printable Recommendation Forms.



#### OFFICIAL TRANSCRIPTS

Transcripts from every accredited college or university attended (not just the degree granting institution) must be sent either to Pace University, directly from the academic institution electronically or by mail, or forwarded by the applicant in sealed envelopes from the academic institution.

Academic records issued in a language other than English are required to be translated and attested to by the institution of origin or a Pace-approved translation agency accredited through NACES. Transcripts are considered official only if they are sent directly to Pace University from the educational institution of origin, or forwarded by:

- Any NACES-accredited translation evaluator (preferred);
- The student's Ministry of Education;
- A US consular officer;
- An EducationUSA adviser (www.educationusa.state.gov); or
- The Institute of Foreign Credential Services (www.ifcsevals.com).

Applicants may send unofficial copies of all transcripts to **graduateadmission@pace.edu** for the initial processing and review of your application. Please include your name and program of interest. If you are admitted, your offer is contingent upon the receipt and verification of all official printed transcripts.

Applicants who have earned a degree or completed coursework at Pace University will not be required to submit a transcript from Pace University and are required to indicate on the application that they have attended Pace. Transcripts from all other institutions attended are required and must be submitted to be considered for admission.

#### ADMISSION CRITERIA

The GRE general test, no older than five years, is required only for those applicants applying for the PhD, the Bridge Program for International Students, or a graduate assistantship. The reporting code for the Pace University NYC Campus is **2635**, and the Westchester Campus is **2644**. For more information about the GRE, visit www.gre.org.

#### **PhD in Computer Science:**

- Applicants must have earned a master's degree in computer science or a closely related field.
- Applicants are required to make a research presentation, in-person or online, to an admission committee composed of professors for admission to the PhD in Computer Science program.
- Applicant's GPA should be 3.5 or better (on a scale of 4.0).

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 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: 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. (Please note: The Admission Committee may request an interview and/or supplemental application information.)

#### Priority deadline dates for master's applicants are as follows:

|  | Domestic   | International |
|--|------------|---------------|
| Fall Entry Term (September)              | August 1   | June 1        |
| Spring Entry Term (January)              | December 1 | October 1     |
| Summer I (June) and II (July) Entry Term | May 1      | March 1       |

# **Pace University Application for Graduate Admission**

## SEIDENBERG SCHOOL OF COMPUTER SCIENCE AND INFORMATION SYSTEMS



Complete and return the application along with the \$70 non-refundable application fee. Please print neatly using blue or black ink or type.

| Mr.        |   |                  |                                    |             |               |                    |                 |   |
|------------|---|------------------|------------------------------------|-------------|---------------|--------------------|-----------------|---|
| Mx.        | Last Name   |                  |                                    |             |               |                    | First Nam       | e   |
|            |   |                  |                                    | _           |               |                    |                 | <u></u>   |
|            | Middle Name   |                  | Jr., III, etc.                     |             | Date of F     | Birth (MM/DD/YYYY) |                 | Social Security Number*   |
|            |   |                  |                                    |             |               | Gender             | O               | *Please be advised that your Social Security Number is<br>required in order for your Free Application for Federal |
| If any rec | ords will be under another name(s), please i                              | ndicate.         |                                    |             |               | ○ Male             | <b>○</b> Female | Student Aid (FAFSA) to be processed. Your SSN will no<br>be used for identification purposes at Pace University.  |
| ,          |   |                  |                                    |             |               | O Self-io          | dentify         |   |
| Mailing A  | ddress  |                  | Apt. #                             |             | Address 2     |                    |                 |   |
| City       |   | State            | Zip/Postal Code                    |             | Country       |                    |                 |   |
| (          | )   | (                | )                                  |             |               | (                  | `               |   |
| (          |   | (                | _ )                                |             |               | (                  | )               |   |
| Home Pho   | one Number  | Business Pf      | none Number                        |             |               | Fax Number         |                 |   |
|            |   |                  |                                    |             |               |                    |                 |   |
| Email Add  | rocc  |                  |                                    |             |               |                    |                 |   |
| Lillan Add | 1033  |                  |                                    |             |               |                    |                 |   |
| Ethnicity  | (optional) Are you Hispanic/Latino?                                       | Yes, Hispanic    | or Latino (including               | Spain) (    | No If y       | es, please descril | oe your back    | ground  |
| If you ans | wered No, or if you answered Yes and wish to                              | o describe you   | rself further, please              | e check on  | e or more fr  | om the list below. |                 |   |
|            | -   | -                | -                                  |             |               |                    |                 |   |
| O Ameri    | can Indian or Alaska Native (including all Or                             | iginal Peoples   | of the Americas)                   | Are you     | enrolled in a | Tribe? () Yes      | ○ No If         | yes, please enter Tribal Enrollment Number  |
| Asian      | (including Indian subcontinent and Philippin                              | ies)             | O Black or Africa                  | n America   | n (including  | Africa and Caribb  | ean)            |   |
| O Native   | e Hawaiian or Other Pacific Islander (Original                            | Peoples)         | White (including)                  | ng Middle   | Eastern)      | Other              |                 |   |
|            |   |                  |                                    |             | •             |                    |                 |   |
| is English | your native language? Yes N   | o Native         | language (if other the             | nan Englis  | a)            |                    |                 |   |
| • • • • •  | •                                   | • • • • • •      | • • • • • • • • • •                | • • • • •   | • • • • • •   | • • • • • • • • •  | • • • • • •     | •   |
| Campus:    | New York City Westchester   | Semester:        | O Fall                             | O Sp        | ing           |                    | If a            | ccepted for graduate study, will you need   |
| Status:    | Full-Time Part-Time   |                  | O Summer I                         | O Su        | mmer II       | 20                 | car             | npus housing? Yes No  |
| Internatio | onal applicants who will require a student visa                           | must apply fo    | r full time study                  |             |               |                    |                 |   |
|            | spouse of a veteran using their benefits?                                 |                  |                                    | lependent   | of a veteran  | using their benef  | its? O Ye       | s O No  |
| -          | previously applied to or enrolled in any scho                             |                  | •                                  |             |               | •                  |                 |   |
|            | If yes, please explain (include school, p                                 |                  | · ·                                |             |               |                    |                 |   |
|            | 7 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7                                  | iograiii, aiiu e | intry term date): _                |             |               |                    |                 |   |
| Please inc | dicate your degree or certificate objective:                              |                  |                                    |             |               |                    |                 |   |
| O MS in    | n Computer Science  | O PI             | hD in Computer Scie                | ence        |               |                    |                 |   |
| O MS in    | n Enterprise Analytics  | Certif           | icates (New York City              | only)       |               |                    |                 |   |
| O MS ii    | n Information Systems   |                  | dvanced Certificate                |             |               |                    |                 |   |
| <u>О</u> р | atabase Management and Technologies                                       |                  | ommunication Techi<br>Inovation    | nology (IC  | I) Strategy   | and                |                 |   |
| Он         | lealth Information Systems  |                  | dvanced Certificate                | in Informa  | tion System   | ıs                 |                 |   |
| Os         | ecurity and Information Assurance   |                  | dvanced Certificate                |             | •             |                    |                 |   |
|            | elecommunications Management and echnologies                              | In               | formation Engineer                 | ring        |               |                    |                 |   |
| _          | n Information Technology  |                  | dvanced Certificate ssurance       | in Security | and Inform    | nation             |                 |   |
|            | ybersecurity Concentration  |                  | dvanced Certificate                | in Softwar  | e Developm    | ent and            |                 |   |
| _          | n Software Development and Engineering                                    |                  | ngineering                         | Joichai     | - Developin   | unu                |                 |   |
| (New       | York City only, BS in Computer Science or ience in the field is required) |                  | dvanced Certificate<br>nd Networks | in Telecor  | ımunication   | s Systems          |                 |   |
| O MS ii    | n Telecommunications Systems and Network                                  | s                |                                    |             |               |                    |                 |   |

|  |  | 1 1  |
|--|--|--|
|  |  | GRE Date (MM/DD/YYYY)  |
| If applicable, please indicate when the TOEFL, IELTS, or P   | earson PTE test was or will be taken:  |  |
|  |  | Test Date (MM/DD/YYYY)   |
|  |  | rest pate (ww/pup/yyyy)  |
| Are you or an immediate family member an employee of P   | ace University? Yes No If yes, I   | alassa suulstu.  |
|  | ace University: Yes No If yes,   | please explain:  |
| Please provide the information below:  |  |  |
|  |  |  |
| Current Employer   |  |  |
|  |  |  |
| City   | State Country  |  |
| Does your employer provide tuition reimbursement?  | O Yes O No   |  |
| •  | •  | •••••  |
| Are you a citizen of the United States? $\bigcirc$ $\gamma_{es}$ $\bigcirc$ N  | o Are you a permanent resident of  | f the United States? Yes No  |
| If you are not a US citizen or permanent resident, please of   | omplete the following:   |  |
|  | vill you need a Certificate of Eligibility (I-20) for a stud   | ent visa? Yes No   |
|  |  | ent visa: Tes No   |
| If no, please indicate visa status you hold or v   | Visa   |  |
| If yes, please provide the information below:  | VISA   |  |
|  | Оссира   | ation in Your Home Country   |
|  |  |  |
| City of Birth  |  |  |
| city of Birth  | Country of Birth   | Country of Citizenship   |
| Are you now in the USA? Yes No If  | yes, please indicate your present visa status below an   | d provide your home country address:   |
|  |  |  |
| Visa Status College / Organization / Employer  |  | City State   |
| ,  |  |  |
| Home Country Address:  |  |  |
| Please explain here if this visa status expires prior t  | _  |  |
| your anticipated Pace University enrollment date:  | 9  |  |
| (Please note: If you do not provide this information   |  |  |
| (Please note: If you do not provide this information we cannot process your I-20.)   |  |  |
|  | O No   |  |
| we cannot process your I-20.)  |  |  |
| we cannot process your I-20.)  Will dependents accompany you to the US?  Yes   | O No   |  |
| we cannot process your I-20.)  Will dependents accompany you to the US?  Yes  If yes, please provide information below:  | O No   |  |
| we cannot process your I-20.)  Will dependents accompany you to the US? Yes  If yes, please provide information below: (Please attach information regarding additional dependent   | No Is who will accompany you.) Last Name   |  |
| we cannot process your I-20.)  Will dependents accompany you to the US?  Yes  If yes, please provide information below:  | O No   | Date of Birth (MM/DD/YYYY)   |
| we cannot process your I-20.)  Will dependents accompany you to the US? Yes  If yes, please provide information below: (Please attach information regarding additional dependental depende | No Is who will accompany you.) Last Name Middle Name   |  |
| we cannot process your I-20.)  Will dependents accompany you to the US? Yes  If yes, please provide information below: (Please attach information regarding additional dependent   | No Is who will accompany you.) Last Name   | Date of Birth (MM/DD/YYYY)  Relationship to Student  |
| we cannot process your I-20.)  Will dependents accompany you to the US? Yes  If yes, please provide information below: (Please attach information regarding additional dependen  First Name  | No  Is who will accompany you.)  Last Name  Middle Name  Country of Birth  | Relationship to Student  |
| we cannot process your I-20.)  Will dependents accompany you to the US? Yes  If yes, please provide information below: (Please attach information regarding additional dependen)  First Name  City of Birth  Which of the following was the biggest influence in you   | No  Is who will accompany you.)  Last Name  Middle Name  Country of Birth  r decision to apply to Pace University? (Fill in the approximately apply to Pace University?) | Relationship to Student  opriate circle):  |
| we cannot process your I-20.)  Will dependents accompany you to the US? Yes  If yes, please provide information below: (Please attach information regarding additional dependen)  First Name  City of Birth  Which of the following was the biggest influence in you  Accelerated Admission Day Event  | No Last Name  Middle Name  Country of Birth  credecision to apply to Pace University? (Fill in the appro   | Relationship to Student  opriate circle):  Recommendation from Current Pace Student  |
| we cannot process your I-20.)  Will dependents accompany you to the US?  If yes, please provide information below: (Please attach information regarding additional dependent)  First Name  City of Birth  Which of the following was the biggest influence in you  Accelerated Admission Day Event  Attended a Pace Information Session  | No  Last Name  Middle Name  Country of Birth  Course Offerings Financial Aid/Scholarship Offerings   | Relationship to Student  opriate circle):  Recommendation from Current Pace Student  Recommendation from Employer                                |
| we cannot process your I-20.)  Will dependents accompany you to the US? Yes  If yes, please provide information below: (Please attach information regarding additional dependen)  First Name  City of Birth  Which of the following was the biggest influence in you  Accelerated Admission Day Event  | No  Last Name  Middle Name  Country of Birth  Course Offerings Financial Aid/Scholarship Offerings   | Relationship to Student  opriate circle):  Recommendation from Current Pace Student  |
| we cannot process your I-20.)  Will dependents accompany you to the US?  If yes, please provide information below: (Please attach information regarding additional dependent)  First Name  City of Birth  Which of the following was the biggest influence in you  Accelerated Admission Day Event  Attended a Pace Information Session  | No  Last Name  Middle Name  Country of Birth  Course Offerings Financial Aid/Scholarship Offerings   | Relationship to Student  opriate circle):  Recommendation from Current Pace Student Recommendation from Employer Recommendation from Pace Alumni |
| Will dependents accompany you to the US?  If yes, please provide information below: (Please attach information regarding additional dependen)  First Name  City of Birth  Which of the following was the biggest influence in you  Accelerated Admission Day Event  Attended a Pace Information Session  Attended Special Event with Chosen Program  | No  Last Name  Middle Name  Country of Birth  Course Offerings  Financial Aid/Scholarship Offerings  Information on Pace Website   | Relationship to Student  opriate circle):  Recommendation from Current Pace Student Recommendation from Employer Recommendation from Pace Alumni |

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, not only those institutions from which you received a degree. An official transcript from each institution must be received by the Pace University Office of Graduate Admission to which you are sending this application. All documents not issued in English must be supplemented by professionally certified English translations (please see International Student Information).



## Seidenberg **School of Computer Science** and Information Systems

| translations (prease see international student informatio  |  |  | /  | /   | 1  | Degree Received:  Associate                            |
|--|--|--|--|---|--|--|
| Institution Attended   |  |  | Start Date (MM/YY)   | End Date (MM/YY)  | Date or Expected Date<br>of Degree (MM/YY)   | O Bachelor's O Master's                                |
| City   | State  | Country  |  |   |  | ○ None   |
|  |  |  | /  | /   | /  | Degree Received:  Associate                            |
| Institution Attended   |  |  | Start Date (MM/YY)   | End Date (MM/YY)  | Date or Expected Date of Degree (MM/YY)  | Bachelor's  Master's                                   |
| City   | State  | Country  |  |   |  | O None   |
|  |  |  | /  | 1   | /  | Degree Received:  Associate                            |
| Institution Attended   |  |  | Start Date (MM/YY)   | End Date (MM/YY)  | Date or Expected Date of Degree (MM/YY)  | Bachelor's Master's                                    |
| City   | State  | Country  |  |   | •  | O None   |
|  |  |  | /  | /   | /  | Degree Received:  Associate                            |
| Institution Attended   |  |  | Start Date (MM/YY)   | End Date (MM/YY)  | Date or Expected Date of Degree (MM/YY)  | Bachelor's Master's                                    |
| City   | State  | Country  |  |   |  | None   |
|  |  |  | /  | /   | /_   | Degree Received:  Associate                            |
| Institution Attended   |  |  | Start Date (MM/YY)   | End Date (MM/YY)  | Date or Expected Date of Degree (MM/YY)  | Bachelor's Master's                                    |
| City   | State  | Country  |  |   |  | None   |
| Have you ever been placed on academic or disciplinary<br>If yes  | •  |  | of the circumstances.  | Yes O No  |  |  |
| Have you ever been convicted of or plead guilty to a minute of the please explain of the |  |  | (response required).   | Yes O No  |  |  |
| Note: Answering yes to either of the two questions above   | e does not au  | ıtomatically bar yo  | u from admission to Pace Uni   | iversity.   |  |  |
| A personal statement, resume, and recommendations  | · · · · · ·  | Dloaco rofor to par  | or a fithis hooklet for further  | ordotaile   | • • • • • • • • • • • • •  | • • • • • •  |
| I certify that all of the information provided by me or on application as soon as I know or reasonably should know ment submitted in support of my application for admissi conjunction with my application. I acknowledge that if I collely my own original work, or if I fail to supplement my disciplinary sanctions against me, dismiss me from Pace U  | my behalf in so<br>if the informa<br>on is solely m<br>omit relevant in<br>application a | support of my appl<br>ation I have provide<br>by own original woi<br>information or prov<br>is required, Pace Ur | ication for admission is comple<br>ed or that was provided on my<br>rk. I acknowledge that Pace U<br>vide inaccurate information or<br>niversity may, at its sole discre | lete and accurate. I acknow<br>behalf is inaccurate or inco<br>iniversity may, at its sole di<br>information that is misleau<br>tion, deny my application i | omplete. I also certify that the passertion, verify any informatio<br>ding, submit a personal staten | personal state-<br>on submitted in<br>nent that is not |
| I acknowledge that the application fee I have paid or will p   | oay in the futu  | re is not refundable   | e.   |   |  |  |
| I acknowledge that I am bound by the policies, practices, o  | nd procedure   | s of Pace University   | , whether published or unpubli   | ished, and I agree to compl   | with them.   |  |
| Applicant's Signature  |  |  |  | Date (MN  | I/DD/YYYY)   |  |
| Please print name  |  |  |  |   |  |  |
| Non-Discrimination Statement   | ation on the   |  |  | hada af asy were sel  | antiqual autain settetes   |  |
| Pace University prohibits and will not tolerate discriming disability, citizenship, marital status, sexual orientation Affirmative Action Officer has been designated to handle New York, New York 19028, 19th Floor, or at Marks Hall   | , genetic pred<br>e inquiries reg  | lisposition or carrie<br>garding the Univers   | er status, veteran status, or an sity's non-discrimination and   | ny other characteristic pro<br>harassment policy and ma   | tected by law. Pace Universit  | y's  |

#### **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 the Westchester Campus (914) 773-3710.

| FOR OFFICE USE ONLY | //                        | /                         |
|---------------------|---------------------------|---------------------------|
|                     | APP REC DATE (MM/DD/YYYY) | FEE REC DATE (MM/DD/YYYY) |



# PACE UNIVERSITY RECOMMENDATION FORM

**To the Applicant**—Please complete the section below.

Pace University
Office of Graduate Admission
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 Tolophone  | ) ( )  | Evonir  | og Tolophone                      | ( )                                  |                                       |               |
| Applicant Day Telephone  | e ()<br>Area Code / Number   | Lveiiii   | ig retephone                      | Area Code / Nu                       | mber                                  |               |
| Fax ()Area Code / Number   | Ema  | il  |                                   |                                      |                                       |               |
| Location   | y 🗆 Westchester  |   |                                   |                                      |                                       |               |
| Applicant Entry Term   | □ Fall □ Sp  | ring Sumn   | ner I<br>Year                     | ☐ Summer II                          | Year                                  |               |
| <b>CONFIDENTIALITY STATE</b> you have the right to revirecommendation if you c | MENT—Under the provision ew your educational records hoose. Your decision to waiv the appropriate box and sign | is of the Family Educatio<br>if you attend Pace Unive<br>e or not to waive your rig | nal Rights and<br>ersity. You may | l Privacy Act of<br>y waive your rig | 1974 (Buckley A<br>tht of access to t | this specific |
| ☐ I hereby waive my righ   | t of access to this recommen   | dation. □I do not wai   | ve my right of                    | access to this                       | recommendatio                         | n.            |
|  | Please complete both sides or or different format, please f  |   |                                   |                                      | nission indicated                     | d above.      |
| Name of Recommender (  | (please print)   |   |                                   |                                      |                                       |               |
| Signature of Recommend   | der  |   |                                   |                                      | /                                     | /             |
|  |  |   |                                   |                                      | Month Da                              | ıy Year       |
| Position or Title  |  | School or Firm  |                                   |                                      |                                       |               |
| Address  | treet  |   |                                   |                                      |                                       |               |
| Number and S   | treet  | City  |                                   | State                                | Zip Code                              |               |
| Telephone ()_<br>Area Code / N   | umber  |   |                                   |                                      |                                       |               |
| In what capacity have yo   | u known the applicant?   |   |                                   |                                      |                                       |               |
| What is your overall reco  | mmendation?  |   |                                   |                                      |                                       |               |
| Strongly recom   | mend Recommend   | □ Recommend with so   | me reservati                      | on □Do no                            | t recommend                           |               |



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

|  | Outstanding (Top 2%) | Superior<br>(Top 10%) | Good<br>(Top Third) | Fair<br>(Middle Third) | Poor<br>(Bottom Third) | No basis for judgment |
|--|----------------------|-----------------------|---------------------|------------------------|------------------------|-----------------------|
| ntellectual 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  | lowing areas:        |                       |                     |                        |                        |                       |
| Please assess the applicant in the foll<br>a. Area of specialization (technical                    |                      | ical ability, atte    | ention to detail,   | etc.)                  |                        |                       |
|  | knowledge, analyt    | ical ability, atte    | ention to detail,   | etc.)                  |                        |                       |
| a. Area of specialization (technical   | knowledge, analyt    | ical ability, atte    | ention to detail,   | etc.)                  |                        |                       |
| <ul><li>a. Area of specialization (technical</li><li>b. Potential for achievement in gra</li></ul> | knowledge, analyt    | ical ability, atte    | ention to detail,   | etc.)                  |                        |                       |
| b. Potential for achievement in gra  | knowledge, analyt    | ical ability, atte    | ention to detail,   | etc.)                  |                        |                       |
| a. Area of specialization (technical b. Potential for achievement in gra                           | knowledge, analyt    | ical ability, atte    | ention to detail,   | etc.)                  |                        |                       |



# PACE UNIVERSITY RECOMMENDATION FORM

**To the Applicant**—Please complete the section below.

Pace University
Office of Graduate Admission
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(<br>A   | )                                      |  | Evening Telephone                                      |                |                  |               |
|   |  |  |  | Area Code / Nu | umber            |               |
| Fax ()<br>Area Code / Number  | <del></del>                            | Email  |  |                |                  |               |
| ocation   | Westchester                            |  |  |                |                  |               |
| Applicant Entry Term  | ☐ Fall<br>Year                         | ☐ Spring<br>Year                             | ☐ Summer IYear   | ☐ Summer I     | Year             |               |
| CONFIDENTIALITY STATEMS<br>ou have the right to review<br>ecommendation if you choo<br>dmission. Please check the | your educational rose. Your decision t | ecords if you attend<br>o waive or not to wa | Pace University. You may<br>ive your right of access v | waive your ri  | ght of access to | this specific |
| ☐ I hereby waive my right of  | access to this reco                    | mmendation. 🗆 I                              | do not waive my right of                               | access to this | recommendati     | on.           |
| <b>To the Recommender</b> —Plea<br>If you wish to use a letter or   | •                                      |  |  |                | mission indicate | ed above.     |
| lame of Recommender (ple  | ase print)                             |  |  |                |                  |               |
| signature of Recommender  |  |  |  |                |                  | /             |
|   |  |  |  |                | Month D          | ay Year       |
| osition or Title  |  | School o                                     | Firm   |                |                  |               |
| address   | t                                      |  |  |                | 7' 6 1           |               |
| Number and Stree  | t                                      | City   |  | State          | Zip Cod          | e             |
| elephone ()<br>Area Code / Numb   | per                                    |  |  |                |                  |               |
| n what capacity have you k  | nown the applican                      | t?   |  |                |                  |               |
| Vhat is your overall recomn   | nendation?                             |  |  |                |                  |               |
| ☐ Strongly recomme  | end □ Recomm                           | end □ Recomme                                | end with some reservation                              | on 🗆 Do no     | ot recommend     |               |



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

|   | Outstanding<br>(Top 2%)         | Superior<br>(Top 10%) | Good<br>(Top Third) | Fair<br>(Middle Third) | Poor<br>(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  |                                 |                       |                     |                        |                        |                       |
|   |                                 |                       |                     |                        |                        | plishments th         |
|   |                                 |                       |                     |                        |                        | plishments tha        |
| demonstrate them. Describe the appl   | icant's current assi            |                       |                     |                        |                        | plishments tha        |
| demonstrate them. Describe the appl   | icant's current assi            | gnment and sp         | ecial responsibi    | lities, if applical    |                        | plishments tha        |
| What are the applicant's primary stredemonstrate them. Describe the applementation and the following as the applicant in the | lowing areas: knowledge, analyt | gnment and sp         | ecial responsibi    | lities, if applical    |                        | plishments tha        |
| Please assess the applicant in the foll  a. Area of specialization (technical   | lowing areas: knowledge, analyt | gnment and sp         | ecial responsibi    | lities, if applical    |                        | plishments tha        |
| Please assess the applicant in the foll  a. Area of specialization (technical b. Potential for achievement in gra   | lowing areas: knowledge, analyt | gnment and sp         | ecial responsibi    | lities, if applical    |                        | plishments tha        |
| Please assess the applicant in the foll  a. Area of specialization (technical b. Potential for achievement in gra   | lowing areas: knowledge, analyt | gnment and sp         | ecial responsibi    | lities, if applical    |                        | plishments tha        |
| Please assess the applicant in the foll  a. Area of specialization (technical b. Potential for achievement in gra   | lowing areas: knowledge, analyt | gnment and sp         | ecial responsibi    | lities, if applical    |                        | plishments tha        |



# **GRADUATE ASSISTANTSHIP APPLICATION**

Please send this application with your resume via email to seidenbergGA@pace.edu or mail to:

Seidenberg GA Applications
Seidenberg School of Computer Science and Information Systems
Pace University
163 William Street, 2nd Floor
New York, NY 10038

Please do not submit this form to the Office of Graduate Admission.

| Name ☐ Ms. ☐ Mr. ☐ M   | Λx.                      |                     |                        |                    |              |            |           |         |
|--|--------------------------|---------------------|------------------------|--------------------|--------------|------------|-----------|---------|
|  | Last                     | First               |                        |                    |              |            |           |         |
| Present Address  |                          |                     |                        |                    |              |            |           |         |
|  | Street                   | City                |                        | State              | Zip Code     |            |           |         |
| Permanent Address  | Street                   | City                |                        | State              | Zip Code     |            |           |         |
| Day Telephone (Area Code   | )<br>e / Number          | Eve                 | ening Telephone (      | )<br>a Code / Numb | per          |            | -         |         |
| Fax ()Area Code / Number   |                          |                     |                        |                    |              |            |           |         |
| Please indicate your anti  | icipated entry term:     | □ Fall<br>Year      | Spring<br>Year         | □Summe             | er I<br>Year | □Summ      | er II     | <u></u> |
| Please indicate your inte  | ended location: 🗆 Ne     | ew York City 🗆      | Westchester            |                    |              |            |           |         |
| Please indicate whether  | you are interested in a  | a full-time or part | -time assistantship:   | ☐ Full-time        | ☐ Part-tin   | ne         |           |         |
| Please indicate the Pace   | University degree pro    | gram to which yo    | ou are applying:       |                    |              |            |           |         |
| Undergraduate Institution  | on                       |                     |                        |                    |              |            |           |         |
| Undergraduate Major  |                          |                     | Undergraduate          | Grade Point        | Average      |            |           |         |
| Previous graduate institu  | ution, major, graduate   | grade point ave     | rage (if applicable)   |                    |              |            |           |         |
| GRE Score Verbal<br>(Required)   | Quantitativ              | e Ar                | nalytical Writing      | Da                 | ate<br>Month | _/         | _/Year    |         |
| TOEFL, IELTS, or Pearson   | PTE score and date (i    | f applicable)       |                        |                    |              |            |           |         |
| Please indicate any spec   | ific skills that you hav | e that would ena    | ble you to perform we  | ll as a gradu      | ate assistan | t:         |           |         |
| I understand and agree procedures set forth in t including but not limited | he current bulletins, c  | atalogs, and oth    | er publications and no | otices of Pac      | e University | and as the |           |         |
| Signature  |                          |                     |                        |                    | Date _       | ///        | /_<br>Day | Year    |



## **VISITING STUDENT APPLICATION**

Please submit this application with a \$70 non-refundable application fee to the Pace University Office of Graduate Admission, Graduate Application Processing Center, One Pace Plaza, New York, NY 10038 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   | Middle   | Last  |   |   |
| rieselli Address  | Street   | City  | State   | Zip   |
| Home Telephone (  | _)   | Busines   | s Telephone ()  |   |
| Area Code   | e / Number   |   | Area Code / Numbe   | r   |
| Fax ()<br>Area Code / Number  |  |   |   |   |
| Are you a US citizen or pe  | ermanent resident? □ V   | es 🗆 No   |   |   |
|   |  | e not eligible to enroll as a v   | isiting student.  |   |
| Institution Currently Atte  |  |   | 3   |   |
| motitudion duri dinti, ritto  | Name   |   | Location  |   |
| Semester in which you w   | ish to enroll: □ Fall _  | □ Spring<br>Year 			 Year   | Summer I  | ☐ Summer II   |
|   |  | Year Year   | Year  | Year  |
| Campus:   |  |   |   |   |
| Graduate program you w  | ish to attend:   |   |   |   |
| ☐ Bioche ☐ Couns ☐ Enviro ☐ Enviro ☐ Forens ☐ Media ☐ Psyche ☐ Public ☐ Publis ☐ LUBIN SC ☐ SCHOOL ☐ SEIDENB  | nmental Policy nmental Science sic Science and Communication Art blogy Administration hing HOOL OF BUSINESS OF EDUCATION ERG SCHOOL OF COMPL   | iology<br>ts<br>JTER SCIENCE AND INFORM   | ATION SYSTEMS<br>ourses must be completed in th   | ne semester indicated above.  |
|   | Course Number  |   | Titl  | le  |
|   |  |   |   |   |
|   | Course Number  |   | Titl  | le  |
| Have you ever applied to  | or enrolled in any gradu   | uate program at Pace Univer   | sity? □Yes □No  |   |
| If yes, please indicate:  | Semester   | Year  | Program   |   |
| am obligated to supplement is inaccurate or incomplete, acknowledge that Pace Universelevant information or provior if I fail to supplement my impose disciplinary sanctions. I acknowledge that the applications | my application as soon as I<br>I also certify that the perso<br>ersity may, at its sole discre<br>de inaccurate information o<br>application as required, Po<br>against me, dismiss me fro<br>cation fee I have paid or will | know or reasonably should kno<br>nal statement submitted in sup,<br>tion, verify any information sub-<br>or information that is misleading<br>ace University may, at its sole of<br>the Pace University, and/or rescin<br>pay in the future is not refundab | w if the information I have provide<br>port of my application for admiss<br>mitted in conjunction with my app<br>, submit a personal statement the<br>discretion, deny my application for<br>d any degrees or certificates awar<br>ale. | te and accurate. I acknowledge that ed or that was provided on my behal, sion is solely my own original work. plication. I acknowledge that if I ominat is not solely my own original work, or admission, rescind my admission, ded to me by Pace University. |
| Date/   | /  |   | Signature of Applicant  |   |

<sup>\*</sup> Please be advised that your Social Security Number (SSN) is required for federal aid application processing. Your SSN will not be used for identification purposes 14 at Pace University.

### **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 Biochemistry and Molecular Biology (212) 346-1853 Counseling (914) 773-3791 Environmental Policy (914) 773-3818 **New York City** Westchester **Environmental Science** (914) 773-3818 School of Education (212) 346-1338 (914) 773-3829 Forensic Science (212) 346-1967 Media and Communication Arts (914) 773-3790 Seidenberg School of Computer Science Psychology (212) 346-1506 and Information Systems (212) 346-1005 (914) 422-4191 Public Administration (212) 346-1077 **Publishing** (212) 346-1431

Submit the department-approved application and registration form with a non-refundable \$70 check or money order to the appropriate Office of Graduate Admission.

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

|  | ar  | One Pace Plaza<br>New York, NY 100<br>(212) 346-1531<br>aduateadmission@p  | 38   |   |  |
|--|---|--|--|---|--|
| Name   | 51  | addateddiiii33i0ii@p   |  |   |  |
| Last   |   | First  |  | Middle  |  |
| □ Female □ Male □ Self-identif   | fy  | _ (Optional)   |  |   |  |
| Current Mailing Address  |   |  |  |   |  |
| Day Telephone ()<br>Area Code / Numbe  | er  | Evening Tel  | lephone ()_<br>Area Coo  | de / Number   |  |
| Fax ()<br>Area Code / Number   |   |  |  |   |  |
| Please indicate the entry term for value    Fall Year  At which campus location do you p   | ☐ SpringYear  | ☐ Summer IYea  |  |   |  |
| Have you previously applied to any   | graduate program of   | Pace University?   | □ Yes □ No If ye   | es, please explain:   |  |
| Please list, in chronological order,   | all institutions atten  | ded since your high  | school graduation.   |   |  |
| Undergraduate/Graduate<br>Institution Attended   | Location  | Dates<br>Attended  | Major  | Degree<br>Awarded   | Date or Expected<br>Date of Degree   |
|  |   |  |  |   |  |
| enroll in the Seidenberg School of Compuits equivalent for the courses in which I regucation, I confirm that I hold a US bachelor end graduate classes at Pace University. I unduate program of Pace University. I further gree student may be applied to a program. ertify that all of the information provided by applement my application as soon as I know to certify that the personal statement submited discretion, verify any information submited discretion, verify any information submited is sole discretion, deny my application for agrees or certificates awarded to me by Pace acknowledge that the application fee I have get the submited to the submited t | nister. If I enroll in the Coll  s degree or its equivalent understand that I may enr r understand that if I am o  y me or on my behalf in su y or reasonably should kn nitted in support of my ap tted in conjunction with n conal statement that is not admission, rescind my adr University. paid or will pay in the futur | ege of Health Profession t. My signature below fur oll for a maximum of 12 c accepted to a degree pro upport of my application ow if the information I ha plication for admission i ny application. I acknow, solely my own original w mission, impose disciplin re is not refundable. | s, Dyson College of Arts of the confirms that I do no credits as a non-degree st gram, generally, credit fo for admission is complete ave provided or that was s solely my own original ledge that if I omit relevork, or if I fail to supplem ary sanctions against me, | and Sciences, Lubin Sc<br>ot require a student vis<br>udent and that I am no<br>r only two courses suc<br>e and accurate. I ackno<br>provided on my behall<br>work. I acknowledge t<br>ant information or prov<br>ent my application as<br>end dismiss me from Pace | thool of Business, or Schools or exchange visitor's vision guaranteed acceptance in cressfully completed as a nowledge that I am obligated fis inaccurate or incomplet hat Pace University may, and vide inaccurate information required, Pace University nowled in the Complete in the Comple |
| cknowledge that I am bound by the policies   |   | race oniversity, whether   | Date   |   | /  |
| cknowledge that I am bound by the policies gnature  FOR OFFICE USE ONLY  |   | BY   | Date   | // Day  | /  |



# **REGISTRATION FORM FOR GRADUATE NON-DEGREE STATUS**

| U<br>U Number  |                          |        |        |        |       | Las  | Last Name First |          |                |         |         |       | First         | Middle |       |                |                    |                               |           |           |       |                    |
|--|--------------------------|--------|--------|--------|-------|------|-----------------|----------|----------------|---------|---------|-------|---------------|--------|-------|----------------|--------------------|-------------------------------|-----------|-----------|-------|--------------------|
|  | □ Fal                    | l      | ar     |        | Spri  | ing  | Yea             | [        | ∃Sum           | ımer    | Ι<br>Υε | ear   | _             | □Sι    | umm   | ner II<br>Yea  | r                  |                               |           |           |       |                    |
|  |                          |        |        |        | (Co   | our  | se Se           | election | 1)             |         |         |       |               |        |       |                |                    | (Dep                          | artmen    | it Approv | /al)  |                    |
| CAMP<br>NY/MT/PL   |                          |        | SUBJEC | .T     | ç     | OUR  | SE              | R=       | DAY<br>THUR U= | SUN     |         | REFE  | OURS<br>RENCI | NO.    |       | CRS            |                    | CHAI                          |           | DA        | ΓE    | GAS/GCS<br>GDN/GED |
| N  | YSA                      | X      | Y      | Z      | 1     | 0    | 0 A             | \        | N              | 1 \$    | 9       | 9     | 9 6           | 9      | 3     |                |                    |                               |           |           |       |                    |
|  |                          |        |        |        |       |      |                 |          |                |         |         |       |               |        |       |                |                    |                               |           |           |       |                    |
|  |                          |        |        |        |       |      |                 |          |                |         |         |       |               |        |       |                |                    |                               |           |           |       |                    |
|  |                          |        |        | 1      |       |      |                 |          |                |         |         |       |               |        |       |                |                    |                               |           |           |       |                    |
|  |                          |        |        |        |       |      |                 |          |                |         |         |       |               |        |       |                |                    |                               |           |           |       |                    |
|  |                          |        |        |        |       |      | F               | Please p | rovid          | e info  | orma    | tion  | belo          | ow. (  | Opti  | ional)         |                    |                               |           |           |       |                    |
| DATE OF BII  | RTH                      | /      | _/     |        |       |      |                 |          |                |         |         |       |               |        |       |                |                    |                               |           |           |       |                    |
| ETHNICITY (  |                          |        |        |        |       |      |                 |          |                |         |         |       |               |        |       |                |                    |                               |           |           |       |                    |
|  | merican Ir               |        | or A   | laska  | Nat   | ive  | (incl           | uding a  | l Orig         | inal F  | Peopl   | les o | f th          | e Am   | neric | as)            |                    |                               |           |           |       |                    |
|  | re you en                |        |        |        |       |      |                 |          | ☐ No           |         | _       |       |               |        |       | Tribal Enrollm | ont Num            | bor                           |           |           |       |                    |
| <b>Π</b> Δα  | sian (inclu              | ıding  | Indi   | an sul | hcor  | ntin | ent a           | nd Phil  | innine         | (s)     | Г       |       |               |        |       | an America     |                    |                               | ıfrica an | ıd Caribb | ean)  |                    |
|  | ispanic/L                |        |        |        |       |      |                 |          | . г            | .5)     |         |       |               |        |       | ian or Othe    |                    |                               |           |           |       |                    |
|  | hite (inclu              |        | Mid    | dle Ea | astei | rn)  |                 |          |                |         |         |       |               |        |       |                |                    |                               |           | _         |       |                    |
| EMERGENC   | Y NAMF.                  |        |        |        |       |      |                 |          |                |         |         |       |               |        |       | RELATION       | NSHIP.             |                               |           |           |       |                    |
| EMERGENC   | 1 10 0012.               |        |        |        |       |      | Last            |          |                |         | Fir     | st    |               |        |       | _              | <b>V</b> 51111 • , |                               |           |           |       |                    |
| EMERGENC   | Y ADDRES                 | SS:_   |        |        |       |      |                 |          |                |         |         |       |               |        |       |                |                    |                               |           |           |       |                    |
|  |                          |        |        |        |       |      |                 |          |                |         |         |       |               |        |       |                |                    |                               |           |           |       |                    |
|  |                          |        | ,      |        |       |      |                 |          |                |         |         |       |               |        |       |                |                    |                               |           |           |       |                    |
| EMERGENC   | Y TELEPH                 | ONE:   |        |        | ) _   |      |                 |          |                |         |         |       |               |        |       |                |                    |                               |           |           |       |                    |
| I understand<br>rules, regulo<br>may be ame<br>abatement o | ations and<br>ended, ind | l prod | edui   | res se | t for | th i | n the           | current  | bulle          | tins, d | catal   | ogs,  | and           | oth    | er pi | ublications    | s, and n           | otices d                      | of Pace ( | Universit | y and | d as they          |
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