

ACADEMIC INFORMATION

I am applying for:

FALL 20 Year SPRING 20 Year SUMMER 20 Year

AA in General Arts and Sciences

BBA in Business Studies

- Concentration in Marketing Management
- Concentration in Accounting and Internal Auditing

BS in Nursing*

BS in Professional Communication Studies

- Concentration in Organizational Communications

BS in Professional Technology Studies

- Concentration in Computer Forensics

Are you a veteran? Yes No

If so, did you serve in Afghanistan and/or Iraq? Yes No

If yes, please send a copy of your DD-214 for scholarship consideration.

Have you previously applied to Pace University? Yes No /

Campus: New York City Westchester (Pleasantville) If yes, when? (MM/YY)

Have you previously attended Pace University? Yes No /

Campus: New York City Westchester (Pleasantville) If yes, when? (MM/YY)

Westchester (White Plains)

I plan to apply for financial aid: Yes No

In order to complete the FAFSA, you are required to provide your Social Security Number.

How many colleges have you attended since graduating high school?

List the colleges you have attended or are currently attending: (Please list by date attended, beginning with the most recent date.)

/ / Degree Received: Associate Master's
 Bachelor's None

Name of College Start Date (MM/YY) End Date (MM/YY)

 Expected number of credits: _____

City State

/ / Degree Received: Associate Master's
 Bachelor's None

Name of College Start Date (MM/YY) End Date (MM/YY)

 Expected number of credits: _____

City State

/ / Degree Received: Associate Master's
 Bachelor's None

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 Bachelor's None

Name of College Start Date (MM/YY) End Date (MM/YY)

 Expected number of credits: _____

City State

*See next page for info

Have your parents or relatives graduated from Pace University? Yes No If yes, please provide the following information:

Name

Relationship

Do any of your relatives currently attend Pace University? Yes No If yes, please provide the following information:

Name

Relationship

Is one or both parents, spouse, or significant other a faculty or staff member at Pace?? Yes No If yes, please provide the following information:

Name

Relationship

Department

How did you first learn about iPace? (Please check one)

- Met a Pace admission representative
- Referred by: (You may check more than one if appropriate)
 - Friend or relative
 - A Pace alumna(us)
 - A Pace faculty or staff member
 - A Pace Student
- Received a pamphlet in the mail
- Received a telephone call from a Pace University representative
- Attended a college night or hotel program
- Received an e-mail from Pace
- Saw a listing in a college selection publication
- Attended an Open House
- Visited a Pace campus and met with an admission counselor
- Visited the Pace University web site
- Saw an advertisement
- Saw a poster on my college campus
- NYPD/PBA Bulletin
- Military Education Fair Event

***NURSING APPLICANTS (ONLY) LIST TWO PROFESSIONAL REFERENCES:**

1)

Name

Mailing Address

Address 2

City

State

Zip/Postal Code

E-mail Address

Phone Number

Title

Position

Employer

Relationship to Applicant

2)

Name

Mailing Address

Address 2

City

State

Zip/Postal Code

E-mail Address

Phone Number

Title

Position

Employer

Relationship to Applicant

SIGNATURES

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 that 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.

Applicant's Signature

Date

**Please mail your completed application
and supporting documents to:**

**Pace University
Application Processing Center
861 Bedford Road
Pleasantville, NY 10570-2799**

Pace University is committed to achieving full equal opportunity in all aspects of university life. Pursuant to this commitment, Pace University does not discriminate on the basis of gender, race, age, ethnicity, marital or domestic partnership status, national origin, sexual orientation, religion, disability, or veteran status.