Course Selection Questionnaire

Personal Information
Please check here □ if any of the following information is incorrect. Please make your corrections on this form.

Name __________________________________________________________ Phone __________________________
Address __________________________________________________________ Cell/Other __________________________
City ___________________________________________________________ Email __________________________
State/Zip __________________________________________________________ Student ID __________________________

• If a day class is not available, are you willing to take an evening class? □ yes □ no
• Do you plan to commute to Pace? □ yes □ no
• Have you successfully completed trigonometry? □ yes □ no
• Is English your second language? □ yes □ no

• What is your intended major?

• If you are currently Undecided about a major at Pace, please check one or more areas of interest below:
  □ Arts/Humanities    □ Business    □ Computer/Information Systems
  □ Education         □ Nursing      □ Science
  □ Social Sciences   □ Unsure/open to many areas

Learning Community Preferences
• Please indicate your top 5 choices of Learning Communities (LC). Select from Learning Communities described in the Learning Community Course Supplement. THIS SECTION MUST BE COMPLETED.

First Choice LC Name __________________________________________________________
Second Choice LC Name __________________________________________________________
Third Choice LC Name __________________________________________________________
Fourth Choice LC Name __________________________________________________________
Fifth Choice LC Name __________________________________________________________

Areas of Interest
• An academic advisor will create your individual schedule according to your interests. Check as many as you like, but you must check at least a minimum of five:
  □ Art History    □ World Politics    □ Ethics   □ The Environment
  □ World History □ Criminal Justice  □ Ancient Philosophy □ Astronomy
  □ African History □ Economics    □ Concepts in Philosophy □ Meteorology
  □ Latin American History □ Psychology □ Heredity and Genes    □ Oceanography
  □ Asian History □ Anthropology □ Nutrition     □ Geology
  □ Middle Eastern History □ Sociology □ Human Sexuality □ Earth Science
  □ American History □ Culture and Society □ General Biology □ The Physical World
  □ European History □ Women and Gender Studies □ General Chemistry □ Theatre
  □ American Politics □ World Religion □ Forensic Science

Office Use Only — Please do not write below this line.

School/Major __________________________________________________________ VSAT ___________ MSAT ___________ SPC ___________
R (Yes/No) ___________ SID ___________ A ___________ HS Avg ___________
Date received by CAE __________________________ Date sent to Advisor __________________________
Second Language

• If you would like to take a second language course in the Fall 2006 semester, please check the appropriate box below.

☐ American Sign Language  ☐ Arabic (NYC only)  ☐ Chinese/Mandarin (NYC only)  ☐ French
☐ Japanese  ☐ Portuguese  ☐ Spanish  ☐ Italian  ☐ Latin  ☐ Russian (NYC only)

• Complete the chart below for each language (other than English) that you took in high school.

  1. Indicate the letter grade you received. Refer to the example below.
  2. Indicate if you studied the past tense by placing a ✔ in the column. Refer to the example below.

<table>
<thead>
<tr>
<th>Language</th>
<th>Year</th>
<th>Grade</th>
<th>Past Tense</th>
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</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>Freshmen</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sophomore</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Junior</td>
<td>B</td>
<td>✔</td>
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<tr>
<td></td>
<td>Senior</td>
<td>Did not take</td>
<td></td>
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</tbody>
</table>

• Please list any language other than English of which you are a native speaker: ________________________________________________

• If you took the SAT II, please list the language you tested in and the score received (if known).

<table>
<thead>
<tr>
<th>Language</th>
<th>Score</th>
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Earned College Credits

• If you have taken any AP or other college level courses, please enter the required information below. To obtain college credit for AP courses or to receive college credit from other institutions, send an official transcript to the Pace Admission office.

<table>
<thead>
<tr>
<th>AP Course Name or College Course Name</th>
<th># of Credits Earned</th>
<th>AP Exam Score or Final Grade (if known)</th>
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Registration Authorization

I hereby authorize Pace University to use the information provided on this form to register me for some or all of my Fall 2006 semester classes. I understand that I will finalize my course schedule during summer orientation. I also understand that deposit and first payment are required for completed registration.

NAME (PLEASE PRINT) ____________________________________________ DATE __________________________

SIGNATURE ____________________________________________
Prospective Pace Student, please complete this response form and return it, along with your non-refundable $75.00 credit card, check, or money order (payable to Pace University), with the Course Selection Questionnaire and Release, Consent, and Waiver. Indicate your first choice date, your second choice date, etcetera by marking 1, 2, 3, and 4 respectively. We will do our best to provide you with your first choice date, but due to limited space we may have to register you for an alternate date. A confirmation letter will be mailed to you at the address below with the date of your assigned orientation session and details about what to bring and when and where to check-in. If you have any questions about the Orientation Program, please contact the Center for Student Development at (914) 773-3767.

Please rank 1, 2, 3, and 4, based on your first, second, third, and fourth preference for overnight orientation dates:

1. July 19 – 21
2. July 26 – 28
3. August 2 – 4
4. August 9 – 11

☐ Yes, my family will attend the family orientation program. For each family member a $75.00 non refundable payment will be made for those over 16 years of age. My family will refer to Pace University hotel accommodations made through Marriott as reflected in this publication.

Please indicate the number of family members attending (circle one): 1 2 3 4

Please print the following information:

Student Name ________________________________________________________________
Address __________________________________________________________________________
City ___________________________________________ State ___________ Zip _________________________
Telephone # __________________________________________________________________________
Email Address ________________________________________________________________

Student T-Shirt Size: (circle one) S M L XL XXL

☐ No, my family will not be joining me.

☐ Yes, I will need early arrival accommodations for the Tuesday before my selected Orientation date due to the distance I am traveling. I am aware that the early arrivals can check in at 8:00pm the Tuesday before the scheduled orientation date.

Credit Card Option:
Please select the type of Credit Card you wish to use ☐ Visa ☐ Mastercard ☐ American Express

I _____________________________, am authorizing Pace University to charge the below credit card number the non-refundable Orientation fee in the amount of ________________________.

__________________________________________  _____________________________
CREDIT CARD NUMBER  EXPIRATION DATE

SIGNATURE OF CREDIT CARD AUTHORIZATION AS IT APPEARS ON THE CREDIT CARD

*Please indicate any special dietary needs or disability accommodations you and/or your family members may require.
Release, Consent and Waiver

To: Pace University
861 Bedford Road
Pleasantville, NY 10570

NAME OF PARTICIPANT

ADDRESS

In consideration of the above named person being permitted to participate in the overnight orientation program in the Residence Hall and activities (“events”), sponsored by Pace University (“Pace”), taking place on July 19–21, July 26–28, August 2–4, August 9–11 respectively, the undersigned does hereby agree to assume all the risks and responsibilities surrounding such participation or any activities, including transportation, undertaken as an adjunct thereto; and further, for myself, my heirs and personal representatives, I hereby agree to defend, hold harmless, indemnify and release forever, and forever discharge Pace University and all its officers, agents and employees from and against any and all claims, demands and actions or causes of action, on account of damage to personal property, or personal injury, or death which may result from the aforesaid participation and transportation activities incident thereto. Further, it is hereby certified that the above-named Participant has no medical or psychological conditions which would preclude such participation. I authorize Pace through their authorized agents to secure for me any necessary emergency medical treatment.

In Witness whereof, I have caused this Release to be executed this _____day of ______________, 2006.

____________________________________
Date Participant

____________________________________
Date Parent or Guardian (if Participant is under age 18)

Name and phone number(s) to call in case of emergency:

____________________________________
NAME PHONE [WORK] [MOBILE] [HOME]