Congratulations on your admission to Pace University! You have completed the first crucial step in your enrollment process. We are here to guide you from this moment through the first day of class on January 22, 2007 with information about important deadlines.

In this booklet, you will find specific forms that need to be filled out and returned accordingly. We have provided a checklist for you to ensure a smooth enrollment process. For more details on each form, please read the information following the checklist.

☐ Student Information Sheet  ☐ Immunization Response Form
☐ Housing Assignment Application

Financial Aid Awards

The Office of Student Financial Services will begin to prepare financial aid awards for newly accepted students who have filed the Free Application for Federal Student Aid (FAFSA). New York residents should also complete the FAFSA to be eligible for the Tuition Assistance Program (TAP). You may apply on-line at www.fafsa.ed.gov. The Pace University code for the New York City campus is 002791 and for the Pleasantville campus is 002792. To schedule an appointment with a financial aid counselor, please call:

• New York City Campus (212) 346-1300  • Pleasantville/Briarcliff Campus (914) 773-3751

When you have received your financial aid award, please sign the award letter and return it to us by the date indicated in order to guarantee distribution of these funds.

Submit Your Deposit

You need to submit your non-refundable $100 tuition deposit as soon as possible or within two weeks of your admission to secure your enrollment at Pace University.

Send Your Final Transcripts

First Year Students: Before beginning your studies at Pace University, please arrange to have your final secondary school transcript, including eighth semester grades and official graduation date, sent to the Office of Undergraduate Admission.

Transfers: Transfer students need to send a final college transcript to the Office of Undergraduate Admission from all previously attended institutions. Transfer credits may be granted for courses in which a grade of “C” or better was earned and if the course content work is appropriate to the student’s program of study. Important: Failure to submit all final transcripts will result in a hold on your registration and may jeopardize your financial aid awards.

Resident Students

If you plan to live in university housing, you are required to submit an additional $500 university housing deposit at the time that you submit the Housing Assignment Application. The first $400 is a non-refundable charge that is applied toward your housing charges for the first semester; the remaining $100 serves as a security deposit, which will be refunded in full if there are no damages sustained while you live in our residence facilities.

Select Your Housing and Meal Plan

If you are interested in living on campus you must submit the enclosed housing application. Due to a limited number of spaces available, consideration for housing is selective. You will receive specific information regarding your housing availability and meal plan options. All first-year placed in Maria’s Tower who plan to live in university housing are required to purchase a meal plan. If you have any questions concerning your housing and meal plan options or require further information, please contact the Office of Residential Life on your campus.

• New York City Campus (212) 346-1295  • Pleasantville/Briarcliff Campus (914) 923-2791

Update Immunization Records

All new students are required to submit proof of immunization against measles, mumps, and rubella. For your convenience we have enclosed an Immunization Response Form in this packet. Please have your health care provider complete this form and return it to: Immunization Compliance Office, University Health Care, 861 Bedford Road, Pleasantville, NY 10570, prior to the start of the semester. Any student not in compliance with this regulation will not be permitted to attend classes.

For Resident Students: Meningitis immunization is mandatory for all freshman students living in University residence halls. Please have your health care provider complete the Immunization Response Form and return it to: Immunization Compliance Office, University Health Care, 861 Bedford Road, Pleasantville, NY 10570, prior to the start of the semester. Any student not in compliance with this regulation will not be permitted to reside in University housing.

For Nursing Students: Health clearance and CPR certification are required in order to fully participate in clinical courses. If you are a first-year student entering full-time, you must complete the health clearance and CPR certification prior to entering your second year of study. Transfer students must begin the process early, since it will take 4 to 6 weeks to obtain all the necessary information.

Pace University’s Accident and Sickness Health Insurance Plan

All full-time domestic undergraduate students carrying 12 credits or more and graduate students carrying 9 or more credits will be automatically enrolled in the University’s Accident and Sickness Health Insurance Plan. The premium for students enrolling in January 2007 is $401.00. Coverage begins at 12:01a.m. on January 22, 2007 and will terminate at 12:01a.m. on August 15, 2007. If you, however, already have insurance outside the University, you must submit your waiver by February 12, 2007. You can only waive out electronically using the Pace University web site at: http://www.pace.edu (using Internet Explorer Version 5.5 or better).
Student Information Sheet

Please return this completed form, along with your initial deposit, in the enclosed envelope.

Indicate campus of your choice:  □ New York City  □ Pleasantville/Briarcliff

□ Enclose $100 (non-refundable tuition deposit)
□ Resident student: enclose an additional $500 (non-refundable/housing application fee, and security deposit) and Housing Application

Date of Birth _____________________

□ Mr.  □ Ms.  □ Mrs.  Last Name _____________________ First Name _____________________ Middle Name _____________________

Social Security Number ____________ Home Phone # (________)____________ E-mail address _____________________

Mailing Address

Number and Street _____________________ Apt. # ___________________________________ City _____________________ State ______ Zip ______

I will enter the University in the Fall Semester 20 _____ or Spring Semester 20 _____ as a first-year student _____ or Transfer _____.

First-Year Students:

High School _____________________

High School Address

Number and Street _____________________ City _____________________ State ______ Zip ______

Intended Major ______________________________________________________________________________________________________

College(s) Attended ____________________________________________________________________________________________________

Please list relatives who have graduated from Pace University and their relationship to you. ____________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

To be completed by freshmen.

Varsity Athletics _____________________

Class Officer _____________________

Drama _____________________

Music _____________________

Newspaper _____________________

Student Council _____________________

Yearbook _____________________

National Honor Society _____________________

Other _____________________

To be completed by transfer students.

Transfer Counselor _____________________

Honor Societies _____________________

Student Government _____________________

Newspaper _____________________

Yearbook _____________________

Internships _____________________

Other _____________________

Please provide us with information about your past activities

To be completed by both first-year and transfer students.

What programs did you attend at Pace University prior to enrolling (i.e. Open House)? ____________________________________________

What activities do you plan to participate in while attending Pace University? ____________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________
Please complete and return this Housing Assignment Application together with the $400 non-refundable pre-payment, and $100 Security Deposit for official processing.

**Housing Assignment Student Information Section:** Please type or print neatly using black or blue ink.

Last Name _____________________________________ First Name _____________________________________ Middle Initial _____________

Student ID #: _____________________________ Date of Birth ______________________________ Sex: □ Male □ Female

Student Permanent Address

Number and Street _______________________________ Apt. # _______________________________ City _______________ State _______________ Zip _______________

Student Mailing Address

Number and Street _______________________________ Apt. # _______________________________ City _______________ State _______________ Zip _______________

Telephone #: (_______)____________________ E-mail Address: ______________________________________________

Emergency Contact Name: ______________________________________ Relationship: ________________________________

Home Phone: (_______)____________________ Business Phone: (_______)____________________

**Housing Assignment Status & Preference Section:**

Complete each section below by marking the appropriate box or listing your preference. Every effort is made to assign students according to indicated preferences and availability; however, choices indicated below are not guaranteed. If your first preference is not available, the next closest living style will be assigned. Please note Housing Application Fees are non-refundable.

**Contract Term:**

Student: □ Fall 20____ and Spring 20____ □ Spring 20____ Only

□ New York City □ Westchester

□ Current Resident □ New Resident □ Past Resident

□ First-Year □ Sophomore □ Junior □ Senior □ Graduate

□ Yes □ No

Are you in need of a Disability Accommodation? Prefer Music/TV while studying? Do you smoke? Member of Honors College?

□ Yes □ No □ Yes □ No □ Yes □ No

(Please contact the Counseling Center for a Disability Assessment Questionnaire.)

**1st Roommate Preference:** (This person must also request you on his/her application. We must have received both applications by May 1 in order to best accommodate this roommate preference.)

Last Name _____________________________________

First Name _____________________________________

ID# _______________________________________

**Credit Card Authorization:**

Cardholder’s Name ______________________________________

Cardholder’s Daytime Phone Number ______________________________

Credit Card Type: □ Visa □ American Express □ Master Card □ Discover

Fee(s) to be charged: □ Security Deposit □ Non-Refundable Pre-payment □ Other

Card Number: ______________________________

Expiration Date: _______________ Total amount to charge: $ _______________

I authorize Pace University to charge the above credit card number the above-indicated fee(s).

Signature __________________________________ Date _______________

**Pleasantville Applicants see yourself as:**

□ Socially Active □ Going to bed before 10 p.m.

□ Moderately Active □ Going to bed before midnight

□ Reserved □ Going to bed after midnight

□ Meticulous □ Studying less than 2 hours per night

□ Sloppy □ Studying 2-4 hours per night

□ Neat □ Studying more than 4 hours per night

**New York City Applicants prefer which community lifestyles?**

□ All Female Floor □ Freshmen Living

□ 24 Hour Quiet Study Floor □ Upperclassmen Living

□ Cigarette Smoking Floor □ Graduate Student Living

□ General/No Preference
Dear Student and Parent:

Congratulations on your acceptance to Pace University. As University Compliance Officer at Pace University, I am writing to inform you about measles/mumps/rubella and meningitis immunization requirements and about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis.

**Measles/Mumps/Rubella**

As you are probably aware, New York State Law requires all college and university students born after January 1, 1957, to present proof of immunity against measles, mumps and rubella. Enrollment at Pace University will require documented proof of immunity.

- **Measles**: two doses of live measles vaccine. The first dose must be on or after the first birthday and the second dose on or after 15 months of age. If given when older, the two doses must be at least 30 days apart. Licensed health care provider documentation of measles disease or a blood test showing immunity is also acceptable proof.

- **Mumps**: one dose of live mumps vaccine administered on or after the first birthday, licensed health care provider documentation of mumps disease or a blood test showing immunity.

- **Rubella**: one dose of live rubella vaccine administered on or after the first birthday, or a blood test showing immunity. Licensed health care provider documentation of rubella disease is not acceptable and does not confirm immunity.

New York State will consider exceptions only for medical or religious reasons. If either should apply to you, you must forward appropriate documentation to the University. Please keep a copy of your immunization record since we will not keep paper files once the information is entered into our computer. **All documentation must be in English.**

New York State has closed institutions where measles cases have been confirmed. **Therefore, I must stress very strongly that students whose immunity records are incomplete will not be allowed to attend class.**

**Meningitis**

On July 22, 2003, Governor Pataki signed New York State Public Health Law (NYS PHL) 2167 requiring institutions, including colleges and universities, to distribute information about meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus. In addition, effective fall 2005, all first-year students residing in University housing are required to provide documented proof of immunization against meningococcal meningitis.

Pace University is required to maintain a record of the following for each student:

- A response to receipt of meningococcal disease and vaccine information signed by the student or student’s parent or guardian. This must include information on the availability and cost of meningococcal meningitis vaccine (Menactra or Menomune); OR

AND EITHER

- A record of meningococcal meningitis immunization within the past 10 years signed by a licensed health care provider (required for first-year dormitory resident students);

OR

- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or student’s parent or guardian.

**Resident first year students will not be permitted in University housing without proof of documented meningitis vaccination.**

Meningitis is rare; however, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 students will die from the disease.
Immunization Response Form

Please complete this form and return to:
Immunization Compliance Office, Pace University, 861 Bedford Road, Pleasantville, NY 10570.

Student ID Number_________________________
Last Name __________________________________ First Name ________________________________ Middle Initial ____________
Date of Birth ________________________________ Campus ___________________________________________________________
Student Phone Number ______________________

Measles/Mumps/Rubella
Persons born before January 1, 1957, will be exempt from this requirement. Proof of immunity to measles will be defined as two doses of measles vaccine on or after the first birthday and the second dose received at or after 15 months of age and at least 30 days apart, physician documented history of disease, or serologic evidence of immunity. Proof of rubella immunity will mean one dose of rubella vaccine on or after the first birthday or serologic evidence of immunity. Proof of mumps immunity will mean one dose of mumps vaccine on or after the first birthday, a physician documented history of disease, or serologic evidence of immunity.

Check one for each category:

Measles
☐ 1. Documented illness (date) ______________________________
☐ 2. Live virus vaccine (2 dates) ______________________________
☐ 3. Immune titer (date) ______________________________

Rubella
☐ 1. Live virus vaccine (date) ______________________________
☐ 2. Immune titer (date) ______________________________

Medical Exemption
☐ 1. Permanent
☐ 2. Temporary

Mumps
☐ 1. Documented illness (date) ______________________________
☐ 2. Live virus vaccine (date) ______________________________
☐ 3. Immune titer (date) ______________________________

MMR
☐ 1. Live virus vaccine (2 dates) ______________________________

Meningococcal Meningitis
New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete the following form. **Pace University requires that all first-year students residing in University housing submit documented proof of immunization.**

Check one (1) box only:
☐ Meningococcal meningitis immunization (Menomune/Menactra) received within the previous 10 years.
   Date: _______/______/________
       Month   Day   Year

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.
   (This option does not apply to first-year students residing in university housing.)

   Signed ________________________________________________ Date ____________
   (Student or Parent/Guardian if student is under 18 years)

I certify that the above individual has complied with the legal requirements as outlined above.

☐ Health Professional Signature _____________________________
☐ Health Professional (print) _______________________________
☐ Health Professional Telephone No. _______________________
☐ Religious exemption (attach required documentation)