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 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>Freshmen</th>
<th>Sophomore</th>
<th>Junior</th>
<th>Senior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>Did not take</td>
<td>Did not take</td>
<td>B</td>
<td>Did not take</td>
</tr>
</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).

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<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 ____________________________
NY Orientation Program
Response Form

Please complete this response form and return it, along with your non-refundable check or money order for $75.00 payable to Pace University, with the other orientation materials enclosed. Indicate your first choice date, your second choice date, etcetera by marking 1, 2, 3, 4 and 5 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 Academic Excellence at (212) 346-1386.

Please rank 1, 2, 3, 4, and 5 based on your first, second, third, fourth and fifth preference for overnight orientation dates:

_________ June 27 – 28
_________ July 6 – 7
_________ July 13 – 14
_________ July 27 – 28
_________ August 3 – 4

☐ Yes, my family (limit of 2 members) will attend the Family Orientation program from 9am-2pm on day one of my two-day orientation program. They understand that only Pace University students may stay overnight and will contact the University if they need a listing of local hotels.

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

☐ No, my family will not be joining me.

☐ Yes, I have included my non-refundable check or money order for $75.00 payable to Pace University. I have indicated my name on the “memo” line of the check/money order so that it may be matched with this response form.

Please indicate any special dietary needs or disability accommodations you and/or your family members may require.
________________________________________________________________________________
________________________________________________________________________________

Please print the following information:

Student Name ________________________________________________________________

Address ________________________________________________________________________________________

City __________________________ State ________ Zip __________________

Telephone # ______________________________________________________________

Email Address ______________________________________________________________
Release, Consent and Waiver

To: Pace University
One Pace Plaza
New York, NY 10038

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 June 27–28, July 6–7, July 13–14, July 27–28, August 3–4 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 MONTH

____________________________ __________________________________________________
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]