

ACADEMIC INFORMATION

I am applying for:

FALL

BBA in Business Studies

- Concentration in Business Communications
- Concentration in Internal Auditing

BS in Professional Technology Studies

- Concentration in Computer Forensics

SPRING

BS in Professional Technology Studies

- Concentration in Computer Forensics

20
Year

20
Year

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 above.

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.)

Name of College

/

Start Date (MM/YY)

/

End Date (MM/YY)

Degree Received: Associate Master's
 Bachelor's None

City

State

Expected number of credits: _____

Name of College

/

Start Date (MM/YY)

/

End Date (MM/YY)

Degree Received: Associate Master's
 Bachelor's None

City

State

Expected number of credits: _____

Name of College

/

Start Date (MM/YY)

/

End Date (MM/YY)

Degree Received: Associate Master's
 Bachelor's None

City

State

Expected number of credits: _____

Name of College

/

Start Date (MM/YY)

/

End Date (MM/YY)

Degree Received: Associate Master's
 Bachelor's None

City

State

Expected number of credits: _____

Name of College

/

Start Date (MM/YY)

/

End Date (MM/YY)

Degree Received: Associate Master's
 Bachelor's None

City

State

Expected number of credits: _____

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.