

## **RECOMMENDATION FORM**

| <b>To the Applicant</b> —Please | complete the sectio  | n below. Indicate th | ne location to which the red                               | commender sho   | uld forwar  | d this for | m.   |  |
|---------------------------------|--|----------------------|--|-----------------|-------------|------------|------|--|
| (                               | Office of Graduate A   | Admission            | Office of Graduate Admission                               |                 |             |            |      |  |
|                                 | Pace University  |                      | Pace University  |                 |             |            |      |  |
|                                 | One Pace Plaza   |                      | One Martine Avenue   |                 |             |            |      |  |
|                                 | New York, NY 10038   |                      | White Plains, NY   |                 | A           |            |      |  |
|                                 | Phone: (212) 346-15  |                      | Phone: (914) 422   |                 |             |            |      |  |
|                                 | Fax: (212) 346-15<br>E-mail: gradnyc@pa  |                      | Fax: (914) 422<br>E-mail: gradwp@                          |                 |             |            |      |  |
| '                               | man; graunyc⊛pa  | ice.euu              | L-man: grauwp@   | pace.euu        |             |            |      |  |
| Applicant Name                  |  |                      |  |                 |             |            |      |  |
|                                 | First  |                      | Middle   |                 | Last        |            |      |  |
| Applicant Address               |  |                      |  |                 |             |            |      |  |
| Applicant Address               |  |                      |  |                 |             |            |      |  |
| Applicant Day Telephone         | ( )  |                      | Evening Telephone  | ( )             |             |            |      |  |
| rippiidant bay retephone        | Area Code / Number   |                      | Evening Telephone  | Area Code / Nui | mber        |            |      |  |
| Fax ()<br>Area Code / Number    |  | E-mail               |  |                 |             |            |      |  |
| Location                        | □ Westchester  |                      |  |                 |             |            |      |  |
| Applicant Entry Term            | □ Fall<br>Year   | ☐ Spring<br>Year     | Summer IYear   | ☐ Summer II     | Year        |            |      |  |
|                                 | The second secon |                      | nd return it to the Office of<br>do so. Thank you for your |                 | ission indi | cated abo  | ive. |  |
| Name of Recommender (F          | lease print)   |                      |  |                 |             |            |      |  |
| Signature of Recommend          | er   |                      |  |                 | /           |            | 1    |  |
|                                 |  |                      |  | <del></del> -   | /_<br>Month | Day        | Year |  |
| Position or Title               |  | School               | or Firm  |                 |             |            |      |  |
| Address                         |  |                      |  |                 |             |            |      |  |
| Number and Str                  | eet  | City                 |  | State           | Zip (       | Code       |      |  |
| Telephone ()<br>Area Code / Nu  | mber   |                      |  |                 |             |            |      |  |
| In what capacity have you       | known the applica  | nt?                  |  |                 |             |            |      |  |
| What is your overall recor      | nmendation?  |                      |  |                 |             |            |      |  |
| ☐ Strongly recomr               | nend 🗆 Recomn  | nend 🗆 Recomn        | nend with some reservation                                 | on 🗆 Do not     | recomme     | nd         |      |  |



The Admission Committee would appreciate your candid appraisal of the applicant.

|  | Outstanding (Top 2%) | Superior<br>(Top 10%) | Good<br>(Top Third) | Fair<br>(Middle Third) | Poor<br>(Bottom Third) | No basis for judgement |
|--|----------------------|-----------------------|---------------------|------------------------|------------------------|------------------------|
| Intellectual Ability                     |                      | C sh s s              | ( )                 |                        |                        | ,,,,,,                 |
| Ability to Work with Others              |                      |                       |                     |                        |                        |                        |
| Ability in Written Expression            |                      |                       |                     |                        |                        |                        |
| Ability in Oral Expression               |                      |                       |                     |                        |                        |                        |
| Maturity                                 |                      |                       |                     |                        |                        |                        |
| Initiative/Independence                  |                      |                       |                     |                        |                        |                        |
| Creativity/Originality                   |                      |                       |                     |                        |                        |                        |
| Potential for Career Advancement         |                      |                       |                     |                        |                        |                        |
|  |                      |                       |                     |                        |                        |                        |
| Please assess the applicant in the follo |                      | al ability, atten     | tion to detail, et  | c.)                    |                        |                        |
| b. potential for achievement in grad     | duate study          |                       |                     |                        |                        |                        |
| c. potential for professional achieve    | ement                |                       |                     |                        |                        |                        |
|  |                      |                       |                     |                        |                        |                        |
|  |                      |                       |                     |                        |                        |                        |
|  |                      |                       |                     |                        |                        |                        |
|  |                      |                       |                     |                        |                        |                        |
|  |                      |                       |                     |                        |                        |                        |