RECOMMENDATION FORM

To the Applicant—Please complete the section below. Indicate the location to which the Recommender should forward this form. DNP applicants should not use this form; they are expected to submit two letters of recommendation that describe the applicant’s (advanced) clinical practice, potential for achievement in graduate study, and potential for professional achievement. The letters of recommendation should address the applicant’s intellectual ability, ability to work with others, ability in written and oral expression, maturity, initiative/independence, and creativity/originality.

Office of Graduate Admission
Pace University
One Pace Plaza
New York, NY 10038-1598 USA
Phone: (212) 346-1531
Fax: (212) 346-1585
E-mail: gradnyc@pace.edu

Office of Graduate Admission
Pace University
One Martine Avenue
White Plains, NY 10606-1932 USA
Phone: (914) 422-4283
Fax: (914) 422-4287
E-mail: gradwp@pace.edu

Applicant Name ____________________________  First __________  Middle __________  Last __________

Applicant Address ____________________________________________________________

Applicant Day Telephone (_____ ) ____________________  Area Code / Number
Evening Telephone (_____ ) ____________________  Area Code / Number
Fax (_____ ) ____________________  Area Code / Number
E-mail ________________________________________

Location  □ New York City  □ Westchester

Applicant Entry Term  □ Fall ______  □ Spring ______  □ Summer I ______  □ Summer II ______ Year

To the Recommender—Please complete both sides of this form and return it to the Office of Graduate Admission indicated above. If you wish to use a letter or different format, please feel free to do so. Thank you for your assistance.

Name of Recommender (Please print) ____________________________________________

Signature of Recommender ____________________________________________________  Month / Day / Year

Position or Title __________________________________  School or Firm ______________________

Address ____________________________________________________________
   Number and Street   __________  City __________________________  State __________  Zip Code

Telephone (_____ ) ____________________  Area Code / Number

In what capacity have you known the applicant? __________________________________________

What is your overall recommendation?

□ Strongly recommend  □ Recommend  □ Recommend with some reservation  □ Do not recommend
The Admission Committee would appreciate your candid appraisal of the applicant.

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<th>Outstanding (Top 2%)</th>
<th>Superior (Top 10%)</th>
<th>Good (Top Third)</th>
<th>Fair (Middle Third)</th>
<th>Poor (Bottom Third)</th>
<th>No basis for judgement</th>
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<tbody>
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<td>Intellectual Ability</td>
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<td>Potential for Career Advancement</td>
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What are the applicant's primary strengths and weaknesses? If possible, please describe specific instances or accomplishments which demonstrate them. Describe the applicant’s current assignment and special responsibilities, if applicable.

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Please assess the applicant in the following areas:
   a. Area of specialization (technical knowledge, analytical ability, attention to detail, etc.)
   b. Potential for achievement in graduate study
   c. Potential for professional achievement

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