Recommendation Form

TO THE APPLICANT:
Please complete the top section of the Pace University Recommendation Form. High school students: Give this form to a teacher, guidance counselor, or college adviser. Transfer students: Give this form to your transfer counselor or to a faculty member who is in a position to evaluate your academic performance and capabilities. Returning adult students: Give this form to your employer, supervisor, community leader, or colleague.

TO THE TEACHER, COUNSELOR, OR EMPLOYER:
This applicant has applied for admission to Pace University. The Admissions Committee finds candid evaluations helpful in choosing among highly qualified candidates and therefore asks your help in appraising the applicant. Thank you for your time and professional judgment.

TO BE COMPLETED BY APPLICANT (Please print)
Name of Applicant ______________________________________________________________________________________________________ Birth Date _____________________________
Last First Middle
School Now Attending __________________________________________________________________________________________________________________________________________ or
Current Employer ________________________________________________________________________________________________________________________________________________

CONFIDENTIALITY STATEMENT
Under the provisions of the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), you have the right to review your educational records if you attend Pace University. You may waive your right of access to this specific recommendation if you choose. Your decision to waive or not to waive your right of access will have no effect on your application for admission. Please check the appropriate box and sign your name below:
☐ I hereby waive my right of access to this recommendation.  ☐ I do not waive my right of access to this recommendation.
Applicant’s Signature _____________________________________________________________________________________________________   Date _____________________________________

TO BE COMPLETED BY TEACHER, COUNSELOR, OR EMPLOYER
How familiar are you with Pace University?  ☐ Very  ☐ Somewhat  ☐ Not at all     How long have you known the applicant? _____________________________
Note any capacity in which you have known the applicant outside the classroom or workplace. (For example, family friend, etc.)
____________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________
List the courses in which you have taught the applicant, noting for each course the applicant’s year in school (for example, 11, 12), the level of the course difficulty (AP, elective), and the applicant’s grade, or describe the nature of your relationship to the applicant.
____________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________
From your experience, how would you rate this applicant in terms of the following qualities as compared to other students applying to selective colleges:

<table>
<thead>
<tr>
<th>No.</th>
<th>Basis</th>
<th>Below Average</th>
<th>Average</th>
<th>Good (above average)</th>
<th>Very Good (well above average)</th>
<th>Excellent (top 10 percent)</th>
<th>One of the Top 2 Percent Encountered This Year</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Creative, original thought</td>
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<td>Motivation</td>
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<td>Independence, initiative</td>
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<td>Intellectual ability</td>
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<td>Academic achievement</td>
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<td>Written expression of ideas</td>
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<td>Effective class/group discussion</td>
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<td>Disciplined work habits</td>
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<td>Potential for growth</td>
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</tbody>
</table>
Appraisal of intellectual capabilities:


Appraisal of personal capabilities:


Signature _________________________________________________________________ Date ____________________________
Name (print) __________________________________________________________________________________________________________
Teaching Department ______________________________________________________________________________________________________
School ___________________________________________________________________________________________________________________
School Address ___________________________________________________________________________________________________________
Telephone Number ___________________________ E-mail Address ______________________________

OR

Title ____________________________________________________________________________________________________________________
Company or Business ______________________________________________________________________________________________________
Business Address __________________________________________________________________________________________________________
Telephone Number ___________________________ E-mail Address ______________________________

Please mail your completed application in the enclosed postage paid envelope to:  

Pace University  
Application Processing Center  
861 Bedford Road  
Pleasantville, NY 10570-2799
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TO BE COMPLETED BY TEACHER, COUNSELOR, OR EMPLOYER

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From your experience, how would you rate this applicant in terms of the following qualities as compared to other students applying to selective colleges:

No Basis | Below Average | Average | Good (above average) | Very Good (well above average) | Excellent (top 10 percent) | One of the Top 2 Percent Encountered This Year
--- | --- | --- | --- | --- | --- | ---
Creative, original thought | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Motivation | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Independence, initiative | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Intellectual ability | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Academic achievement | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Written expression of ideas | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Effective class/group discussion | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Disciplined work habits | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Potential for growth | ☐ | ☐ | ☐ | ☐ | ☐ | ☐
Appraisal of intellectual capabilities:


Appraisal of personal capabilities:


Signature _________________________________________________________________ Date ____________________________________

Name (print) _____________________________________________________________________________________________________________________

Teaching Department ___________________________________________________________________________________________________________

School _______________________________________________________________________________________________________________________

School Address ________________________________________________________________________________________________________________

Telephone Number ____________________________ E-mail Address __________________________________________

OR

Title _________________________________________________________________________________________________________________________

Company or Business __________________________________________________________________________________________________________

Business Address _____________________________________________________________________________________________________________

Telephone Number ____________________________ E-mail Address __________________________________________

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