

RECOMMENDATION FORM

To the Applicant—Please complete the section below.

Pace University
Office of Graduate Admission
Graduate Application Processing Center
One Pace Plaza
New York, NY 10038
(212) 346-1531
graduateadmission@pace.edu

Applicant Name _____
First Middle Last

Applicant Address _____

Applicant Day Telephone (_____) _____ Evening Telephone (_____) _____
Area Code / Number Area Code / Number

Fax (_____) _____ Email _____
Area Code / Number

Location ☐ New York City ☐ Westchester

Applicant Entry Term ☐ Fall _____ ☐ Spring _____ ☐ Summer I _____ ☐ Summer II _____
Year Year Year Year

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.

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 a 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?

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

	Outstanding (Top 2%)	Superior (Top 10%)	Good (Top Third)	Fair (Middle Third)	Poor (Bottom Third)	No basis for judgment
Intellectual Ability						
Ability to Work with Others						
Ability in Written Expression						
Ability in Oral Expression						
Maturity						
Initiative/Independence						
Creativity/Originality						
Potential for Career Advancement						

What are the applicant’s primary strengths and weaknesses? If possible, please describe specific instances or accomplishments that demonstrate them. Describe the applicant’s current assignment and special responsibilities, if applicable.

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