

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 advisor. **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:

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
<input type="checkbox"/> Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Written expression of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Effective class/group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appraisal of intellectual capabilities:

Appraisal of personal capabilities:

Signature _____ Date _____

Name (print)

Teaching Department

School

School Address

Telephone Number Email Address

OB

Company or Business

Business Address _____

Telephone Number _____ Email Address _____

Please mail your completed application to:

**Pace University
Application Processing Center
861 Bedford Road
Pleasantville, NY 10570-2799**