



Appraisal of intellectual capabilities:

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Appraisal of personal characteristics:

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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**



Appraisal of intellectual capabilities:

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Appraisal of personal characteristics:

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