

Attached is a recommendation form which your recommender may complete or to which they may attach their recommendation letter.

**Recommendation Form  
Pace University**

To the Applicant:  
Please complete this section.

**Applicant Name:** \_\_\_\_\_  
First Middle Last

**Applicant Address:** \_\_\_\_\_  
Number & Street City State Zip Code

**Applicant  
Day Telephone:** (\_\_\_\_) \_\_\_\_\_  
Area Code / Number

**Evening Telephone:** (\_\_\_\_) \_\_\_\_\_  
Area Code / Number

**Applicant SS #:** \_\_\_\_\_

**Applicant  
Entry Term:** Fall \_ \_ \_ \_

To the Recommender  
Thank you for your assistance.

The person whose name appears above has applied to a graduate school of Pace University. The Admission Committee would appreciate your candid appraisal of the applicant. If you wish to use a letter or different format, please feel free to do so.

**How long and in what capacity have you known the applicant?**

**Please assess the applicant relative to others you have known in a similar capacity.**

	<b>Outstanding (Top 2%)</b>	<b>Superior (Top 10%)</b>	<b>Good (Top Third)</b>	<b>Fair (Middle Third)</b>	<b>Poor (Bottom Third)</b>	<b>Unable to Judge</b>
<b>Intellectual Ability</b>						
<b>Ability to Work with others</b>						
<b>Ability in Written Expression</b>						
<b>Ability in Oral Expression</b>						
<b>Maturity</b>						
<b>Initiative/Independence</b>						
<b>Creativity/Originality</b>						
<b>Potential for Career Advancement</b>						

**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.**

**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**

**What is your overall recommendation? (Check One)**

Strongly recommend

Recommend

Recommend with some reservation

Do not recommend

**Signature of Recommender:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Recommender:** (please print) \_\_\_\_\_

**Position or Title:** \_\_\_\_\_

**School or Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number & Street                      City                      State      Zip Code

**Telephone:**      (\_\_\_\_) \_\_\_\_\_

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**Please return this form to the appropriate Office of Graduate Admission (form may be reproduced):**

**Office of Graduate Admission**  
**Pace University**  
1 Martine Avenue  
White Plains, NY 10606 USA

E-mail: gradwp@pace.edu  
Phone: (914) 422-4283  
Fax: (914) 422-4287