

# HIGH SCHOOL BRIDGE PROGRAM RECOMMENDATION FORM



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## TO BE COMPLETED BY BRIDGE APPLICANT (Please print)

Name of Applicant \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle

School Now Attending \_\_\_\_\_

### 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 PRINCIPAL OR COUNSELOR

How familiar are you with Pace University?  Very  Somewhat  Not at all How long have you known the applicant? \_\_\_\_\_

Appraisal of intellectual capabilities:

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Appraisal of personal capabilities:

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Signature

Date

Name (Please print)

School

School Address

Telephone Number

Email Address