RECOMMENDATION FORM

TO THE APPLICANT:

Please fill out PART A of this form and let your Principal, class adviser, teacher or counselor within the past two years fill out PART B. You should include an envelope addressed to: The College Committee on Admissions, c/o Admissions Office, St. Scholastica’s College, 2560 Leon Guinto St., Malate, Manila.

PART A: General Information

NAME_______________________________________________________________

Last    First    Middle

COURSE APPLYING FOR ________________________________________________

Are you applying as a

☐ College freshman? Name of High School ________________________________

☐ Transferee? Name of College ___________________________________________

TO THE PRINCIPAL, CLASS ADVISER, TEACHER OR COUNSELOR

The student whose name appears above is applying for admission to St. Scholastica’s College. Your candid evaluation of his/her academic performance, intellectual promise and individual qualities will help our Committee in making a final selection for admission. Please complete PART B of this form and mail or return it in the envelope provided for you. Seal and sign your name on the flap. All information, reports and recommendations about the applicant will be kept confidential.

PART B: (To be filled out by Principal, Class Adviser, Teacher of Counselor)

1. How long and in what capacity have you known the applicant?__________________________

___________________________________________________________________________

2. St. Scholastica’s College seeks students who will thrive in an academically challenging environment. Based on applicant's performance in class, how do you think will s/he fare?______________________________________________

___________________________________________________________________________

3. In the entire graduating class of ___ students, the applicant belongs to the:

☐ Top 10%       ☐ 25%       ☐ 50%       ☐ lower 25%

This is based on: ☐ 1st quarter  ☐ 2nd quarter  ☐ 3rd quarter  ☐ 4th quarter
4. Please rate the applicant as realistically and candidly as you can in comparison with your other students. Put a check mark on the column which best describes your rating of the applicant.

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<th>Excellent</th>
<th>Above Ave.</th>
<th>Average</th>
<th>Below Ave.</th>
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<td>Academic Potential</td>
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<td>Emotional maturity</td>
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<td>Leadership ability</td>
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<td>Study habits</td>
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<td>Respect for peers</td>
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5. Is the applicant active in and occupying any leadership position in any student organization in your school? ____________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

6. Has the applicant been subjected to any disciplinary action? If yes, please state briefly what this was. _______________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

7. If applicable, describe any past or present physical or other forms of illness / difficulty / problem that has seriously interfered with her/his studies. _______________________________
__________________________________________________________________________________
__________________________________________________________________________________

8. Please provide us other pertinent information that may help in giving us a better picture of the applicant's qualifications for admission to St. Scholastica's College.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

The applicant is:  
☐ strongly recommended  ☐ recommended  
☐ recommended w/ reservation  ☐ not recommended

NAME _________________________________________ SIGNATURE _____________________  
POSITION ________________________________ DATE ______________________