



**St. Scholastica's College, Manila**

**RECOMMENDATION FORM FOR COGNATE PROGRAM**

2560 LEON GUINTO STREET, MALATE, MANILA

TELEPHONE: (632) 5677686 LOCAL 168/169 – FAX: (632) 5596348

EMAIL: [sscadmit@ssc.edu.ph](mailto:sscadmit@ssc.edu.ph) – WEBSITE: <http://www.ssc.edu.ph>

**TO THE APPLICANT:**

**NAME:** (On Birth Certificate) Last Name First Name Full Middle Name

**PROGRAM/MAJOR**

This recommendation will become part of your admission file. Please complete the information in this section and submit this form to your most recent employer, former school administrator (Dean or Department Chairperson), professor or guidance counselor.

**TO THE EVALUATOR:**

The student whose name appears above is applying for admission to the Graduate School of St. Scholastica's College. Your candid evaluation of the student's academic performance, intellectual promise, work efficiency and individual qualities, among others, would assist the Admissions Committee in its selection and admission of applicants for graduate studies. The questions below suggest the type of information the Committee finds useful in assessing applications to our programs. If additional space is required, please feel free to attach a separate sheet.

- How long and in what supervisory capacity have you known the applicant?  
 \_\_\_\_\_  
 \_\_\_\_\_
- Based on the applicant's performance in your company/organization, how do you think will she/he fare?  
 \_\_\_\_\_  
 \_\_\_\_\_
- What are the applicant's strengths and weaknesses that you feel will most affect her/his potential success in an academic setting?  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Please indicate your rating as you perceived the applicant on the following attributes:

ATTRIBUTE	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNABLE TO RATE
VALUES (i.e. honesty, moral, integrity, etc.)					
LEADERSHIP ABILITY					
SENSE OF SERVICE					
SENSITIVITY TO OTHERS					
PROFESSIONAL COMPETENCE					
WORK ATTITUDES/HABITS					
ABILITY TO WORK WITH OTHERS					
INITIATIVE					
EMOTIONAL MATURITY					
REACTION TO CRITICISM					
MOTIVATION					
CREATIVITY					
ACADEMIC ABILITY OR POTENTIAL					
ORAL COMMUNICATION SKILLS					
WRITTEN COMMUNICATION SKILLS					
RESEARCH SKILLS					
TEACHING SKILLS (taking up EDUCATION)					

5. Has the applicant been subjected to any disciplinary action?

a. MISCONDUCT:  YES  NO If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. WORK RELATED PROBLEM:  YES  NO If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. The Admissions Committee would appreciate any additional statement/ information you may wish to make concerning the applicant's capacity for academic work and her/his potential for a responsible and successful career.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR RECOMMENDATION:**

The applicant is (please check one of the following):

STRONGLY RCOMMENDED  RECOMMENDED  NOT RECOMMENDED

**EVALUATOR:**

NAME and SIGNATURE OVER PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
POSITION: \_\_\_\_\_ PERSONAL CONTACT NUMBER: \_\_\_\_\_  
SCHOOL/COMPANY: \_\_\_\_\_ SCHOOL/COMPANY PHONE NUMBER: \_\_\_\_\_  
ADDRESS OF SCHOOL/COMPANY: \_\_\_\_\_

Please send/mail the Recommendation Form directly to:

**THE GRADUATE SCHOOL COMMITTEE ON ADMISSIONS**  
c/o ADMISSIONS OFFICE  
**ST. SCHOLASTICA'S COLLEGE**  
**2560 LEON GUINTO STREET**  
**MALATE, MANILA**

The signature of the EVALUATOR should appear on the flap of the sealed envelope. Please retain a copy for your files. The recommendation letter may be sent through the applicant provided it is signed and sealed.