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.

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

_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

2. Based on the applicant’s performance in your company/organization, how do you think will she/he fare?

_______________________________________________________________________________________________________
________________________________________________________________________________________________

3. 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:

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