

How long have you known the applicant?

Has the applicant ever been subjected to any disciplinary action/measure?

If yes, please explain briefly.

Are there any health conditions which might keep her from carrying out her responsibilities as a student?

If yes, please explain briefly.

Is there any other information that you would like to share that might have a direct bearing on her application?

SUMMARY EVALUATION (Please check one)

- Strongly Recommended
- Recommended
- Recommended with Reservation
- Not Recommended

PLEASE REVIEW YOUR RESPONSES AND MAKE SURE THEY ARE COMPLETE AND ACCURATE.

NAME OF GUIDANCE
COUNSELOR/ CLASS
ADVISER

TELEPHONE

OFFICE ADDRESS

GUIDANCE COUNSELOR'S / CLASS ADVISER'S
SIGNATURE

DATE

Thank you for completing this student's recommendation to our school. Should there be a need for clarification, please do not hesitate to contact us at:

BED ADMISSIONS OFFICE

TRUNKLINE: 8817-0757 loc. 3020/ DIRECT LINE [\(632\)8892-6159](tel:63288926159)

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