

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 feel would be important to communicate to the Committee? _____

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	

SIGNATURE

DATE

THIS RECOMMENDATION FORM MUST BE SEALED AND COUNTERSIGNED ACROSS THE FLAP OF THE ENVELOPE BY THE RECOMMENDING PARTY.

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:

ADMISSIONS OFFICE

Trunk line: (+632) 817-0757 loc 3020

Direct Line: (+632) 892-6159

Email: bedadmissions@assumption.edu.ph

bedadmissions@assumption.edu.ph

All ratings, responses and recommendations in this form and attachments are regarded as confidential.