



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 PRINCIPAL	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:

<p><b>ADMISSIONS OFFICE</b> Trunk line: (+632) 817-0757 loc 3020 Direct Line: (+632) 892-6159 Email: <a href="mailto:bedadmissions@assumption.edu.ph">bedadmissions@assumption.edu.ph</a> <a href="mailto:bedadmissions@assumption.edu.ph">bedadmissions@assumption.edu.ph</a></p>
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*All ratings, responses and recommendations in this form and attachments are regarded as confidential.*