

GUIDANCE COUNSELOR'S/CLASS ADVISER'S **RECOMMENDATION FORM**

101	HE APPLICANT: PLEASE FILL IN THE ITEMS IN THIS ENCL	OSED SECTION. IT THE OR PRINT TO	ON ANSWEN.					
NA	ME							
OF	LAST FICIAL NAME OF CURRENT/LAST SCHOOL	FIRST	MIDDLE					
OF	FICIAL NAME OF CORRENT/LAST SCHOOL							
AD	DRESS							
	STREET	MU	INICIPALITY OR CITY					
	PROVINCE OR COUNTRY		ZIP CODE					
		AV NOT DEAD THIS EVALUATION						
	I UNDERSTAND THAT I MAY NOT READ THIS EVALUATION AND THAT I WILL NOT SEEK TO DO SO EITHER WHILE I AM APPLYING OR SUBSEQUENTLY ACCEPTED.							
	APPLICANT'S SIGNATURE		DATE					
		IS EODM AND ENVELOPE TO VOLIE	R GUIDANCE COUNSELOR OR CLASS ADVISER.					
	AI TEN COMPLETING THIS FORMON, GIVE ITT	IST ONIVIAND ENVELOPE TO TOOM	GOIDANCE COUNSELON ON CLASS ADVISEN.					
TOT	HE COUNSELOR/CLASS ADVISER: The student whose nar	ne appears above is studying or ha	s studied in your school/college and is applying for admission					
			CANNOT BÉ COMPLETED WITHOUT THIS RÉCOMMENDATION. HENEVER THE SPACE ALLOTED FOR AN ITEM IS INSUFFICIENT,					
	ASE FEEL FREE TO ATTACH ADDITIONAL INFORMATION							
Α.	THE COUNSELOR'S / ADVISER'S ASSE	SMENT						
The Applicant's Performance								
1.	Which positive personal qualities may be attributed to this student? (Please check the appropriate boxes and provide details when necessary.)							
	Academic Performance							
	Talent							
	Character/Values							
	Leadership/Peer Influence							
	Extra Curricular Activities							
_								
2.	Which of the following circumstances i boxes and provide details when necessary.)	nterfere with the applica	ant's achievement? (Please check the appropriate					
	Academic Weakness (please specify)							
	Illness							
	Negative Peer Influence							
	Excessive Involvement in Extra-Curricular Acti	vities						
	Difficult Home Situation							
	Personality, Character (please specify)							
	Others (please specify)							

B. THE COUNSELOR'S / ADVISER'S RECOMMENDATION

CONSIDER THE ITEMS ON THE LEFT AS YOU RECOMMEND THE APPLICANT FOR ADMISSION TO COLLEGE

	Not Recommended	Recommended with Reservation	Recommended w/o Reservation	Strongly Recommended	One of the top few I have encountered				
Academic Potential									
Interest and Potential for Social Action									
Leadership in Organizations									
Character and Attitude									
Overall Rating									
This report is based on (check the appropriate box/es):									
Personal observation of the applicant	observation of the applicant School records								
☐ Students' comments	Other observations, specify								
☐ Teachers' comments	Other records, specify								
PLEASE REVIEW YOUR RESPONSES AND MAKE SURE THEY ARE COMPLETE AND ACCURATE.									
NAME OF COUNSELOR / ADVISER	ADVISER TELEPHONE								
OFFICE ADDRESS									
SIGNATURE			DATE						

AFTER ACCOMPLISHING THIS FORM, PLEASE FOLD AND SEAL IN THE ENVELOPE PROVIDED BY THE ASSUMPTION COLLEGE. SIGN ON THE FLAP AND RETURN TO THE STUDENT FOR SUBMISSION TO OUR OFFICE. AN UNSEALED AND UNSIGNED RECOMMENDATION FORM IS NOT VALID AND WILL NOT BE ACCEPTED.

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

> The College Admissions Office Assumption College San Lorenzo Village, Makati City Tel. no. 817-0757 loc. 2050 Fax no. 817-7773

email: admissions@assumption.edu.ph