



UNIVERSITY of the ASSUMPTION

GUIDANCE AND ADMISSIONS OFFICE
Room 102, Ryan Building
Tel. No. (+632) 961 1482 local 104

CONFIDENTIAL STUDENT RECOMMENDATION FORM

(To be accomplished by two (2) of the following: Dean, Principal, Class Adviser or Counselor)

The Committee on Admissions requests your kind cooperation in providing an honest and specific evaluation of the applicant whose name appears below. The applicant's admission will be based on this recommendation together with the results of the test of the University of the Assumption. ***This form should be placed inside a sealed envelope, countersigned across the flap by the evaluator and be hand carried by the applicant.*** The applicant will not be admitted for testing until we have received this form. Prompt transmission of this rating form will be deeply appreciated. **INFORMATION WILL BE HELD IN STRICT CONFIDENTIALITY.**

Name of Applicant: _____
Last Name First Name Middle Name

Program Applied for: _____

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

2. What is the grade point average (GPA) of the applicant based on his/her previous academic performance?
(Please check below)

- 90% & above 85-89% 80-84% below 80%

3. Please rate the applicant in terms of the main factors contributing to the respect accorded him/her. (Please check)

	Excellent	Very Good	Good	Poor	Not Observed
1. Academic Performance					
2. Communication Skills					
3. Emotional Maturity					
4. Leadership Skills					
5. Study Habits					
6. Relationship with Others					

4. Check any of the following, which you feel describes the applicant's general personality make-up.

- Sociable Responsible Obedient Talented Assertive Honest

5. Has the applicant been subjected to any disciplinary action? (Please check)

- YES NO If yes, please explain _____

6. For guidance and counseling purposes, please check if the applicant has been involved in the following cases:

- | | | |
|---|--|--|
| <input type="radio"/> Excessive Absences | <input type="radio"/> Fraternities/ Sororities | <input type="radio"/> Use of prohibited drugs/ alcohol |
| <input type="radio"/> Excessive on-line game use | <input type="radio"/> Acts of Dishonesty | <input type="radio"/> Teenage Pregnancy |
| <input type="radio"/> Suicidal Acts/Tendencies | <input type="radio"/> Violence | <input type="radio"/> Disrespect |
| <input type="radio"/> Others: (pls.specify) _____ | | |

REMARKS/ RECOMMENDATION:

Signature: _____
Name: _____
Position: _____
School: _____
Address: _____
Date: _____
Tel.Nos: _____

Please return this form to:
THE GUIDANCE & ADMISSIONS OFFICE
University of the Assumption
City of San Fernando 2000 (P)
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email address: gao@ua.edu.ph