



# UNIVERSITY of the ASSUMPTION

City of San Fernando, Pampanga

## GUIDANCE AND ADMISSIONS OFFICE

### 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*

Strand 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:

Excessive Absences

Fraternities/ Sororities

Use of prohibited drugs/ alcohol

Excessive on-line game use

Acts of Dishonesty

Teenage Pregnancy

Suicidal Acts/Tendencies

Violence

Disrespect

Others: (pls. specify) \_\_\_\_\_

REMARKS/ RECOMMENDATION:

\_\_\_\_\_  
\_\_\_\_\_

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

**Please return this form to:**  
**SENIOR HIGH SCHOOL**  
**GUIDANCE & ADMISSIONS OFFICE**  
 University of the Assumption  
 City of San Fernando 2000 (P)  
 Tel.No. 045.961.1482 local 144