UNIVERSITY OF THE ASSUMPTION
High School Guidance and Admissions Office

CONFIDENTIAL STUDENT RECOMMENDATION

To the Principal/Class Adviser/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 entrance test at 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 *First Name* *Middle Name*

Grade Level Applied for: _____ Present School: _____

1. In what capacity and how long have you known the applicant? _____
2. What is the grade point average (GPA) of the applicant based on his/her performance in the latest periodical exams? (Please check below)
   ◯ 90% above ◯ 85-89% ◯ 80-84% ◯ below 80%
3. Please rate the applicant under the following criteria. Put a check mark in the box that corresponds to your descriptive rating.

	Excellent	Very Good	Good	Poor	Not Observed
Communication Skills					
Emotional Maturity					
Leadership Skills					
Study Habits					
Relationship with others					

4. Check any of the following which you think/believe describe/s the applicant's personality.
   ☐ Leader ☐ Talented ☐ Conscientious ☐ Friendly ☐ Punctual ☐ Trustworthy
5. Has the applicant been subjected to any disciplinary action? (Please Check)
   ☐ Yes ☐ No If yes, please explain _____
6. Please check below if the applicant has manifested any of the following behavior.

   ◯ Absences ◯ Inattentive/Disruptive Behavior
   ◯ Truancy ◯ Shy/Withdrawn
   ◯ Bullying ◯ Disrespectful
   ◯ Dishonesty (lying, cheating) ◯ On-Line Game Use
   others _____
   _____

REMARKS/RECOMMENDATION:
_____
_____
_____

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

Please return this form to:
Guidance Admissions Office
University of the Assumption
High School Department
Tel. Nos 045- 9615675 local 211