



**UNIVERSITY OF THE ASSUMPTION**  
Guidance and Admissions Office  
High School Department

**CONFIDENTIAL STUDENT RECOMMENDATION  
(For Transferee)**

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 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

Year Level Applied for: \_\_\_\_\_ Present School: \_\_\_\_\_

- In what capacity and how long have you known the applicant? \_\_\_\_\_
- 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%
- 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					

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

<input type="radio"/> Smoking/drinking of liquor	<input type="radio"/> Inattentive/behavior disruptive	<input type="radio"/> Violence
<input type="radio"/> Truancy	<input type="radio"/> Shy/withdrawn	<input type="radio"/> Teenage Pregnancy
<input type="radio"/> Bullying	<input type="radio"/> Disrespectful	<input type="radio"/> Use of prohibited drugs
<input type="radio"/> Dishonesty (lying, cheating)	<input type="radio"/> Fraternities/Sororities	<input type="radio"/> Absences
	<input type="radio"/> Suicidal Acts/Tendencies	<input type="radio"/> Excessive on-line game use

Others: (please specify) \_\_\_\_\_

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