Graduate School Recommendation Form

To the Applicant:

- Kindly type your name and desired graduate program and the name of the teacher, employer or supervisor to whom you are submitting this. Please provide each individual making this recommendation with an envelope address to:

  ADMISIIONS OFFICE
  DE LA SALLE ARANETA UNIVERSITY
  Victoneta Avenue, Malabon, Philippines

- Please submit the sealed and signed envelope together with the other application requirements.

APPLICANT: ____________________________________________________________________________________
LASTNAME, FIRST NAME, MIDDLE NAME

DEGREE PROGRAM APPLIED: ________________________________________________________________________

TO THE RATER: The above-named person is applying for admission to the graduate school of DE LA SALLE ARANETA UNIVERSITY. Kindly give your comments on the applicant’s qualification for graduate work. The information supplied in this form will be used only for the purpose of assessing the applicant’s qualifications for admission. Please kindly return this RECOMMENDATION FORM with your assessment to the applicant in the envelope provided, with your signature on the flap.

Using the qualifications of those students whom you have previously recommended for graduate studies, kindly make a remark on the following question in the Assessment portion of this recommendation form.

1. What are the first word that come to your mind to describe the applicant?
2. What are the applicant’s strengths and weaknesses in terms of pursuing graduate study?
3. How does the applicant’s define his/her objectives and goals in relation to pursuing graduate study?
4. What factors which might assist the Admissions Office in considering the applicant?

How long have you known the applicant and in what capacity? __________________________________________________________

ASSESSMENT (Please write your assessment of the applicant in the space provided below.)
________________________________________________________________________________________________________
________________________________________________________________________________________________________
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Life and Sciences Building, Victoneta Avenue, Potrero, Malabon
+632 330 9129 to 31 Local 133 | +632 362 7588 | admissions@dlsau.edu.ph
Please evaluate the applicant in comparison with other students whom you have known during your professional career.

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<tr>
<th>Item</th>
<th>Exceptional</th>
<th>Superior</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
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<tbody>
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<td>1. Intellectual Ability</td>
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<td>2. Knowledge of Field</td>
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<td>3. Work Habits</td>
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<td>4. Motivation to pursue Graduate School</td>
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<td>5. Seriousness of Purpose</td>
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<td>6. Potential for significant future contributor in the field</td>
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<td>7. Resourcefulness</td>
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<td>8. Emotional Maturity</td>
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<td>9. Adaptability to new Situation</td>
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<td>10. Leadership Qualities</td>
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<td>11. Teaching Potential</td>
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<td>12. Research Potential</td>
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OVERALL EVALUATION. How would you gauge the applicant’s academic potential and personal characteristics for admission to DLSAU Graduate School? (Please check the appropriate box).

[ ] Highly recommend    [ ] Strongly recommend    [ ] Recommend    [ ] Recommended with reservation

SIGNATURE

TELEPHONE NUMBER

NAME

MOBILE NUMBER

POSITION/TITLE

EMAIL ADDRESS

SCHOOL

DATE

Thank you very much.