



# De La Salle Araneta University

Admission Office

## Recommendation Form

NAME OF APPLICANT: \_\_\_\_\_ GENDER: \_\_\_\_\_  
LASTNAME, FIRST NAME, MIDDLE NAME

SCHOOL: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

**TO THE RECOMMENDER:** The person name above is applying for admission at DE LA SALLE ARANETA UNIVERSITY (DLSAU) and you have been required to provide an appraisal which is highly significant in evaluating the student's application. Please keep in mind that these will also be used to compare the student with the other applicants.

	5 EXCEPTIONAL	4 SUPERIOR	3 AVERAGE	2 FAIR	1 POOR
1. Mental Ability					
2. Leadership Qualities					
3. Resourcefulness					
4. Study Habits					
5. Emotionally Matured					
6. Potential contributor in the Future					
7. Deeply rooted in Faith					
8. Respect for all Creation					

DLSAU recognizes that some of its students may have physical disability (e.g. heart condition, visual/hearing impairment, etc.), special learning needs (e.g. dyslexia, ADHD, ASD, etc.), or psychological/emotional condition that require learning support. Since it is of great importance to the DLSAU that all of its students will be able to work towards the successful completion of their academic requirements, we would like to seek for your assistance in answering the following questions to the best of your knowledge:

- Does the applicant have any physical condition which may affect the performance of the applicant?  
 NO    YES, please specify: \_\_\_\_\_  
 \_\_\_\_\_
- Do you have any behavioral observation of the applicant that may affect the academic performance?  
 NO    YES, please specify: \_\_\_\_\_  
 \_\_\_\_\_
- Does the student have been involved in any serious disciplinary cases?  
 NO    YES, please specify: \_\_\_\_\_  
 \_\_\_\_\_
- Summary of Evaluation (Please check one):  
 I **Strongly recommend** the candidate for Admission.    I **Recommend** the Candidate for Admission.  
 I **Recommend, with reservation**, the candidate for Admission.

SIGNATURE		CONTACT NUMBER	
NAME		LENGTH OF TIME ACQUAINTED WITH THE APPLICANT	
DESIGNATION			
SCHOOL			

Please return this Recommendation Form in a sealed envelope, with your signature cross the flap.

The applicant will then submit the sealed envelope to the Admissions Office, DE LA SALLE ARANETA UNIVERSITY.

Thank you very much.