RECOMMENDATION FORM

Higher Education Unit
Miriam College
KATIPUNAN AVENUE, LOYOLA HEIGHTS, QUEZON CITY 1106
www.mc.edu.ph

(TO BE FILLED OUT BY THE GUIDANCE COUNSELOR)

NAME OF APPLICANT _____
LAST NAME FIRST NAME MIDDLE INITIAL

APPLICANT'S ADDRESS _____

SCHOOL _____ **TEL. NO.** _____

SCHOOL ADDRESS _____

TO THE GUIDANCE COUNSELOR:

This form is a confidential report written on behalf of the applicant named above, and will be used solely for purposes of admission. We would benefit from your perspective in providing us with impressions of the applicant's personal qualities and contributions to your high school community. Please remember that your valuable recommendation would help facilitate appropriate placement of your student in our institution.

This report is based on

- ☐ My personal contact with student
- ☐ Teacher's comments
- ☐ Other counselor's observations
- ☐ Records
- ☐ Others _____

How long have you known the student? _____
How often do you meet with the student? _____
How well do you know the student? _____

I. Please answer the following questions briefly:

1. What characteristic best describes the applicant?
   _____
   _____

2. What contribution has the student made either in school and/or community?
   _____
   _____

3. Please describe any accomplishments or personal circumstances that we should know about this student.
   _____
   _____

4. Please identify the factors that might interfere with the applicant's academic and personal relationships at Miriam College

☐ Family Relationships	☐ Financial Concerns
☐ Peer Pressure	☐ Behavioral
☐ Romantic Relationship	☐ Psychological
☐ Identity Issues	☐ Learning Difficulty
☐ Health Concerns	☐ Others

Please feel free to briefly discuss the applicant's concern/s.

_____

_____

5. Has the student ever been suspended or subjected to any disciplinary action while she was enrolled in your school? _____ Yes _____ No
If yes, please state the nature of offense.

_____

_____

II. Please check the most appropriate box that corresponds to your rating.

Personal Traits	Poor	Below Average	Average	Above Average	Excellent (Top 10%)	No basis for Judgement
Independence / decision-making ability						
Initiative / Motivation						
Intellectual curiosity						
Creativity						
Energy and Enthusiasm						
Sense of humor						
Self-confidence						
Leadership / Influence						
Responsibility						
Integrity						
Concern for others						
Emotional maturity						
Respect accorded by peers						

Is there anything you wish to say about the student that is not included here?

_____

_____

OVERALL RECOMMENDATION (Please check one)

_____ Strongly recommended _____ Recommended with reservation

_____ Recommended _____ Not recommended

Name of Guidance Counselor: _____ _____

Printed Name and Signature **Date**

Name of School Principal: _____ _____

Printed Name and Signature **Date**

School Seal

To the Guidance Counselor: Kindly enclose this form in a sealed envelope together with your signature.