RECOMMENDATION for STUDENT APPLICANTS
To be filled out by the Homeroom Adviser

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>Family Name</th>
<th>Given Name</th>
<th>Middle Name</th>
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</thead>
<tbody>
<tr>
<td>Name of Last School</td>
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<tr>
<td>School Address</td>
<td></td>
<td>Tel. No.</td>
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<tr>
<td>Grade Applying for</td>
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To the Homeroom Adviser:

The student whose name appears above is applying for admission to MIRIAM COLLEGE LOWER SCHOOL. Your thorough evaluation will help the Admissions Committee in making final selections for admission. Please feel free to include any pertinent information, as this shall be dealt with utmost confidentiality.

The Applicant’s Qualities

Please assess the applicant by checking the appropriate boxes.

<table>
<thead>
<tr>
<th>Quality</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to learn</td>
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<tr>
<td>Intellectual capacity</td>
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<td>Ability to work independently</td>
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<td>Ability to work with others</td>
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<td>Communication Skills</td>
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<td>Self-confidence</td>
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<td>Social Relationship</td>
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<td>Leadership Potential</td>
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<td>Self-discipline</td>
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</table>
The Applicant's Performance

Based on the entire batch, the applicant belongs to:

☐ Top 10%  ☐ Upper 25%  ☐ Middle 50%  ☐ Lower 25%

1. Has the applicant been involved in any disciplinary cases?  ____ Yes  ____ No
   If yes, please describe
   ____________________________________________________________________________
   ____________________________________________________________________________

2. What do you consider to be the applicant's strengths?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

3. In what areas can the applicant improve on?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

4. Has the applicant had any family/peer problem(s) that may have had an effect on the
   student?  ____ Yes  ____ No
   If yes, please describe
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

OVERALL RECOMMENDATION (please check one)

☐ Strongly recommended  ☐ Recommended w/ reservation

☐ Recommended  ☐ Not Recommended

How long have you known the applicant?  ____________________________________________

Printed Name:  _____________________________
Signature: _______________________
Designation: _______________________________
Contact No.: _______________________________
Date:  _______________________________

Thank you for completing this recommendation form. Please return this form in a sealed
envelope with your signature across the flap. Should there be a need for clarification, please do
not hesitate to contact us at tel. Nos. 580-5400 to 31 local 3212.