

RECOMMENDATION FORM

Miriam College

Higher Education Unit – Admissions Office

KATIPUNAN AVENUE, LOYOLA HEIGHTS, QUEZON CITY 1106

580-5400 local 240 or 435-3504

www.mc.edu.ph ♦ coll-admissions@mc.edu.ph

GRADUATE PROGRAM

NAME OF APPLICANT _____

LAST NAME

FIRST NAME

MIDDLE INITIAL

APPLICANT'S ADDRESS _____

PROGRAM APPLIED FOR _____

TO THE APPLICANT:

Please submit two (2) recommendation letters:

1. from your professor or program adviser of the college you attended
2. from your immediate superior or employer where you are currently working/previously worked for.

NOTE TO THE PROFESSOR OR EMPLOYER:

The person whose name appears above has applied for admission to the graduate program of Miriam College. Your evaluation of his/her qualifications will be of great help in our assessment of his/her application. Please return this form in a sealed envelope with your signature of the flap.

1. How do you know the applicant?

- As his/ her professor
 As his/her research adviser
 As his/her supervisor or employer
 Others as _____

For how long?

2. Do you believe that the applicant is ready for graduate studies? Yes No
Please support your answer.

3. Please describe the applicant's potential to pursue independent work and research.

4. How would you rate the applicant in terms of the following characteristics? Please check the most appropriate box.

Personal Traits	Excellent	Very Good	Good	Fair	Poor	No basis for Judgement
Intellectual ability						
Work habits						
Emotional maturity						
Diligence and resourcefulness						
Responsibility and initiative						
Honesty and integrity						
Leadership and ability						
Analytical ability						
Written expression skill in English						
Oral expression in English						

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

5. Please indicate additional information or accomplishments or personal circumstances that would contribute to the success of the applicant's application to the graduate program.

OVERALL RECOMMENDATION (Please check one)

Strongly recommended Recommended with reservation
 Recommended Not recommended

Name of Professor or Employer: _____

Printed Name and Signature

Date

Position/Designation _____

Email Address _____