

RECOMMENDATION FORM

Higher Education Unit

Miriam College

KATIPUNAN AVENUE, LOYOLA HEIGHTS, QUEZON CITY 1106

www.mc.edu.ph

(TO BE FILLED OUT BY THE CLASS ADVISER OR TEACHER)

NAME OF APPLICANT _____
LAST NAME FIRST NAME MIDDLE INITIAL

APPLICANT'S ADDRESS _____

SCHOOL _____ TEL. NO. _____

SCHOOL ADDRESS _____

TO THE CLASS ADVISER OR TEACHER:

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.

Please check the most appropriate box.

Personal Traits	Poor	Below Average	Average	Above Average	Excellent (Top 10%)	No basis for Judgement
Maturity						
Creativity						
Leadership ability						
Ability to work with others						
Interest in learning						
Academic self-discipline						
Intellectual ability						
Analytical / Logical ability						
Integrity / Honesty						
Written communication						
Oral communication						
Respect accorded by peers						

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

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? _____

OVERALL RECOMMENDATION (Please check one)

_____ Strongly recommended

_____ Recommended

_____ Recommended with reservation (Please state reason/s)

_____ Not Recommended (Please state reason/s)

Signature over Printed Name

Position/Subject Area

Date

Name of School Principal:

Printed Name and Signature

Date

School Seal

**To the Class Adviser/Teacher:
Kindly enclose this form in a sealed envelope together
with your signature.**