



RECOMMENDATION FORM for Student Applicants: To be filled out by the Guidance Counselor

NAME OF STUDENT _____
Family Name Given Name Middle Name

Name of Last School _____

School Address _____ **Tel. No.** _____

Grade Applying for _____

To The Guidance Counselor:

The student whose name appears above is applying for admission to MIRIAM COLLEGE NUVALI. 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.

Please send your duly accomplished recommendation of this student directly to Miriam College Nuvali via email at mcnadmissions@mc.edu.ph.

The Applicant's Qualities

Please assess the applicant by checking the appropriate boxes.

	Excellent	Above Average	Average	Below Average	Poor
Ability to learn					
Intellectual capacity					
Ability to work independently					
Ability to work with others					
Communication Skills					
Self-confidence					
Social Relationship					
Leadership Potential					
Self-discipline					

Please circle the words which you feel describe the applicant:

- | | | | | | |
|------------|--------------------|-----------|-----------------|-----------------|------------------|
| angry | confident | follower | irritable | over-protected | selfish |
| anxious | conscientious | happy | manipulative | passive | self-disciplined |
| articulate | disobedient | helpful | motivated | perfectionist | shy |
| assertive | easily discouraged | honest | negative leader | positive leader | social |
| cheerful | influential | organized | responsible | vivacious | well-liked |

Any other description not included in the above list?

The Applicant's Performance

Total # of students in their **class:** _____ Total # of students in their **batch:** _____

Based on the entire **class** **batch** (put a check mark on which was used to rank), 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: _____

Please affix School

Dry seal here

Thank you for completing this recommendation form. Please return this form directly to Miriam College Nuvali via email at mcnadmissions@mc.edu.ph. Should there be need for clarification, please do not hesitate to contact us at mobile number +639163384085.