



DE LA SALLE LIPA
Institutional Admissions & Testing Office
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Recommendation Form

I. To the Applicant

Please TYPE or PRINT your name, address and the name of the teacher, employer or supervisor to whom you are submitting the appraisal from.

Applicant: _____
Last name First name Middle name

Address _____ Course Applied for _____

II. To: _____ (Applicant to fill in appropriate name)

The above-named person is applying for admission to the Graduate Studies at De La Salle Lipa. Kindly give your comments on the applicant's qualification for graduate work. The information supplied in this form will be used only for the purpose of assessing the applicant's qualifications for admission.

Please return this appraisal to the applicant in the envelope provided, with your signature across the seal. The applicant will then submit the sealed, signed envelope as part of the completed application to the Dean of Graduate School.

Using this frame of reference, please comment on:

- 1.) what you consider to be the applicant's major strengths in terms of graduate study;
- 2.) the applicant's major weaknesses in terms of graduate study;
- 3.) applicants definition of objectives and goals as they relate to his other plans for graduate study;
- 4.) any additional factors which might assist the Committee on Admissions in considering the applicant.

APPRAISAL

How long have you known the applicant? _____

In what connection have you known the applicant? _____

I. APPRAISAL (Please write your appraisal of the applicant in the space below)

II. On the rating chart please evaluate the applicant

	6 Exceptional	5 Superior	4 Above Average	3 Average	2 Fair	1 Poor
Intellectual Ability	()	()	()	()	()	()
Knowledge of Field	()	()	()	()	()	()
Work Habits	()	()	()	()	()	()
Motivation to Pursue Graduate Studies	()	()	()	()	()	()
Seriousness of Purpose	()	()	()	()	()	()
Potential for Significant Future Contribution in Field	()	()	()	()	()	()
Resourcefulness & Initiative	()	()	()	()	()	()
Emotional Maturity	()	()	()	()	()	()
Adaptability to New Situation	()	()	()	()	()	()
Leadership Qualities	()	()	()	()	()	()
Teaching Potential	()	()	()	()	()	()
Research Potential	()	()	()	()	()	()

Name & Signature _____ University/College or Company _____

Title _____ Date _____

Address _____

Please send this document back to us via email at admissions.college@dsl.edu.ph. Thank you very much for your assistance in offering this appraisal of the applicant.