



RECOMMENDATION FORM

For Senior High School

Admissions and Scholarships Administration Office
 La Salle Avenue, Bacolod City
 Tel number: 434-6100 loc 124 / 433-7019
 Email: asao@usls.edu.ph
 Website: www.usls.edu.ph

Applicant's Name: _____ Sex: _____
(Last Name) (First Name) (Middle Initial)

Junior High School: _____

School Address: _____

To the Guidance Counselor / Homeroom/Class Adviser: The person above is an applicant to the Liceo-De La Salle - Senior High. The committee on Admissions would appreciate your opinion on the points stated below. Please make your judgment carefully and fill out the form completely as it will surely be used in the evaluation of the student.

Please rate the student according to the following areas by putting a check on the corresponding box.

	Exceptional	Very Good	Good	Fair	Poor
Intellectual Ability					
Communication Skills					
Motivation to pursue college studies					
Emotional Maturity					
Resourcefulness/Initiative					
Adaptability to New Situation					
Leadership Qualities					
Study Habit / Work Attitude					

We need your assistance in answering the following questions to the best of your knowledge.

- Does the applicant have any physical condition that may affect his/her academic performance in the university? Please check.
 No Yes, please specify _____
- Do you have any behavioral observations of the applicant that may affect his/her performance in the university? Please check
 No Yes, please specify _____
- Has the applicant been guilty of any serious disciplinary offense? (e.g. cheating, stealing, drug abuse, bullying)
 No Yes, please specify _____
- Do you have any comments which may help us in evaluating his/her application in the university?

Printed Name: _____ Signature: _____

Position: _____

School: _____

Date: _____

Please return this to the applicant in an envelope, sealed and signed on the flap. Thank you for your assistance.