



Admissions and Scholarships Administration Office
 La Salle Avenue, Bacolod City
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**RECOMMENDATION FORM
 For Transferee**

Applicant's Name: _____ Gender: _____
 School: _____ Course/Year Level: _____

Please attach a long white envelope with this form.

To the College Dean/Guidance Counselor/ Teacher: The person above is an applicant to the University of St. La Salle. Please make your recommendations carefully and fill out the form completely as this will be used in the evaluation of the student. Kindly return this to the applicant in an envelope, sealed and signed on the flap.

A. GENERAL ASSESSMENT – Please rate the student by putting a check on the corresponding box.

	Above Average	Average	Below Average	No Chance to Observe
Communication Skills (Verbal & Written)				
Motivation				
Consistency of Performance				
Emotional Stability				

B. COMMENTS

Do you have any comments which may help us in evaluating his/her application in the university?

C. RECOMMENDATION FOR ADMISSION

- | | |
|---|---|
| <input type="checkbox"/> I strongly recommend | <input type="checkbox"/> I recommend |
| <input type="checkbox"/> I recommend with reservation | <input type="checkbox"/> I do not recommend |

Thank you for your assistance.

Printed Name: _____ Signature: _____
 Position: _____ Date: _____