

RECOMMENDATION FORM For Transferee

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

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

- I strongly recommend I recommend
 I recommend with reservation I do not recommend

Thank you for your assistance.

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

DATA CONSENT STATEMENT

The applicant consents Admissions and Scholarships Administration Office of University of St. La Salle to use and retain information written on this form solely for the purpose of admission and scholarships only.

Furthermore, information obtained shall be treated with confidentiality and privacy as stated in the Data Privacy Act of 2012, Philippines.

Conforme:

Signature over Student's Printed Name

Signature over Parent/Guardian Printed name

Date Signed

Date Signed