

RECOMMENDATION FOR ADMISSION

Instruction to:

Applicant: *This form should be mailed by the Recommendor to the **College of Medicine or the Graduate School , University of St. La Salle, Bacolod City** or scanned and emailed to medicine@usls.edu.ph (College of Medicine Applicants) and gsm.admission@usls.edu.ph (Graduate School Applicants).. No recommendation delivered personally by the applicant will be considered.*

Recommendor: *The person whose name appears below has applied for admission to the **College of Medicine or Graduate School**. Your assessment of his/her personal qualification will **be** most helpful in our consideration of his/her application. This recommendation will be considered strictly confidential. If additional space is needed, please use the back page numbering your answers to correspond to the numbers below.*

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NAME OF APPLICANT _____

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. Do you believe that the applicant is prepared for medical education? _____

Why _____

4. What do you think are the personal assets and liabilities of the applicant? _____

5. How would you rate the applicant on the following scale?

	Excellent	Very Good	Good	Average	Poor
Intellectual Ability					
Diligence					
Honesty					
Administrative Ability					
Cooperation					
Dependability					
Ability to express himself orally					
Ability to express himself in writing					

6. What other remarks could you make about the applicant? _____

Name _____ Position _____

Signature _____ Occupation _____

Business Address _____