



RECOMMENDATION FORM

P.o. Box 39918 Laguna
 Technopark Post office
 Sta. Rosa City, Laguna
 (049) 554-8900

NAME OF APPLICANT				
	Last Name	First name	Middle Name	
BIRTH DATE		AGE	SEX	CITIZENSHIP
SCHOOL NAME				
SCHOOL ADDRESS				

THE PERSON NAMED ABOVE IS APPLYING FOR ADMISSION AT DE LA SALLE UNIVERSITY INTEGRATED SCHOOL AND YOU HAVE BEEN REQUESTED TO PROVIDE A RECOMMENDATION. IN MAKING THE FOLLOWING RATINGS, PLEASE KEEP IN MIND THAT THESE WILL BE USED TO COMPARE THE STUDENT WITH THE OTHER APPLICANTS.

	Strongly Recommended	Recommended	Recommended with Reservation	Not Recommended
ADMISSION TO DLSU-IS BASED ON ACADEMIC APTITUDE				
ADMISSION TO DLSU-IS BASED ON CHARACTER AND ATTITUDE				
ADMISSION TO DLSU-IS BASED ON OVERALL PERFORMANCE				

PLEASE CHECK ONE: IN THE ENTIRE CLASS, THE APPLICANT BELONGS TO THE

Top Ten Upper 25% Middle 50% Lower 25%

COMMENTS

SIGNATURE POSITION
 NAME DATE

Length of time acquainted with applicant

Please return this evaluation in a sealed envelope, with your signature across the