
 Last Name First Name Middle Name
 BIRTH DATE _____ AGE _____ SEX _____

THE PERSON NAMED ABOVE IS APPLYING FOR ADMISSION AT DE LA SALLE UNIVERSITY INTEGRATED
 IN MAKING THE FOLLOWING RATINGS, PLEASE KEEP IN MIND THAT THESE WILL BE USED

	Strongly Recommended	Recommended	Recommended with Reservation	Not Recommended
ADMISSION TO DLSU-IS BASED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMISSION TO DLSU-IS BASED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMISSION TO DLSU-IS BASED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Top Ten Upper 25% Middle 50% Lower 25%

SIGNATURE _____ POSITION _____
 NAME _____ DATE _____
 Length of time acquainted with applicant _____

DE LA SALLE UNIVERSITY INTEGRATED
 COLLEGE OF THE SACRAMENTO
 SACRAMENTO, CALIFORNIA