

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 SENIOR HIGH SCHOOL MANILA CAMPUS 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-SHS BASED ON ACADEMIC APTITUDE				
ADMISSION TO DLSU-SHS BASED ON CHARACTER AND ATTITUDE				
ADMISSION TO DLSU-SHS BASED ON OVERALL PERFORMANCE				

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

Top Ten	Upper 25%	Middle 50%	Lower 25%
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COMMENTS

SIGNATURE	POSITION
NAME	DATE

Length of time acquainted with applicant