

RECOMMENDATION FORM

Higher Education Unit – Admissions Office Graduate Program

Katipunan Avenue, Loyola Heights
Quezon City 1108
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Email: coll-admissions@mc.edu.ph
www.mc.edu.ph

Last name First name Middle name

Name of Applicant

Program Applied for

TO THE APPLICANT:

Please submit 2 recommendation letters:

- (1) from your professor or program adviser of the college you attended
- (2) from your immediate superior or employer where you are currently working

TO THE PERSON RECOMMENDING:

The person whose name appears above has applied for admission to the MC Graduate School. Your evaluation of his/ her qualifications will be of great help in our assessment of his/ her application. Please return this form in a sealed envelope with your signature on the flap.

1. How did you come to know the applicant and for how long?

- as his/her professor _____ year/s
- as his/ her research adviser _____ year/s
- as his/her supervisor/ employer _____ year/s
- others as _____ year/s

2. Do you believe that the applicant is prepared for graduate work? ___ Yes ___ No
Support your answer.

3. Please describe the applicant's potential to pursue independent work and research.

4. How would you rate the applicant in terms of the following characteristics?

CHARACTERISTICS	Excellent	Very Good	Good	Fair	Poor	No basis for Judgment
<i>Intellectual Ability</i>						
<i>Work Habits</i>						
<i>Emotional Maturity</i>						
<i>Diligence and resourcefulness</i>						
<i>Responsibility and initiative</i>						
<i>Honesty and Integrity</i>						
<i>Leadership ability</i>						
<i>Analytical ability</i>						
<i>Written expression skill in English</i>						
<i>Oral expression in English</i>						

5. Please indicate additional information/ remarks or any accomplishments or personal circumstances that would contribute to the success of the applicant's application to the program.

Thank you for accomplishing this form.

PRINTED NAME OF PERSON ACCOMPLISHING REPORT _____ SIGNATURE _____

POSITION/ DESIGNATION _____ EMAIL ADDRESS _____ TELEPHONE NUMBER _____

MAILING ADDRESS _____

DATE _____