



# Miriam College

ADMISSIONS OFFICE

U.P. P.O. Box 110, DILIMAN, QUEZON CITY, PHILIPPINES 1101  
TELEPHONES: (632) 4359240 to 46 Loc 240  
(632) 580-54-00 to 29 loc 2026

**(TO BE FILLED OUT BY THE CLASS ADVISER OR TEACHER)**

**NAME OF APPLICANT** \_\_\_\_\_  
LAST NAME, FIRST NAME M.I.

## **TO THE CLASS ADVISER OR TEACHER:**

This form is a confidential report written on behalf of the applicant named above and will be used solely for purposes of admission. We would benefit from your perspective in providing us with impressions of the applicant's personal qualities and contribution to your high school community.

## **REGISTRAR**

**Please check the most appropriate box.**

<b>Personal Traits</b>	<b>Poor</b>	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Excellent (Top 10%)</b>	<b>No basis for Judgement</b>
Maturity						
Creativity						
Leadership Ability						
Ability to work with others						
Interest in Learning						
Academic Self-Discipline						
Intellectual Ability						
Analytical / Logical Ability						
Integrity / Honesty						
Written Communication						
Oral Communication						
Respect accorded by peers						

If you wish to give reasons for any of your ratings, please do so here. We would find an explanation for the significance of any rating to be very helpful.

**OVERALL RECOMMENDATION (Please check one:)**

- \_\_\_\_\_ Strongly recommended
- \_\_\_\_\_ Recommended
- \_\_\_\_\_ Recommended with reservation
- \_\_\_\_\_ Not recommended

Signature over Printed Name	Position	Date
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Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Length of time acquainted with the applicant: \_\_\_\_\_

In what capacity (if other than the Class Adviser) \_\_\_\_\_

\_\_\_\_\_  
Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Name: (Typed / Printed): \_\_\_\_\_

School Seal