RECOMMENDATION FORM

LAST NAME

Higher Education Unit Miriam College KATIPUNAN AVENUE, LOYOLA HEIGHTS, QUEZON CITY 1106

www.mc.edu.ph

NAME OF APPLICANT

SCHOOL

APPLICANT'S ADDRESS

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

FIRST NAME

M.I.

Tel. No.

COLLOON ADDRESS						
SCHOOL ADDRESS					1	
TO THE CLASS ADVISER OR TE	ACHER:				1/1	
This form is a confidential rep purposes of admission. We w applicant's personal qualities a REGISTRAR	ould benefit	from your pe	rspective in p	roviding us w		
Please check the most appro	priate box.					
Personal Traits	Poor	Below Average	Average	Above Average	Excellent (Top 10%)	No basis for Judgement
Maturity						
Creativity					///	- /
Leadership Ability	_				///	2/
Ability to work with others						
Interest in Learning	V			5/		
Academic Self-Discipline	1	R	TA	0		
Intellectual Ability		7.	- 11	11/1		
Analytical / Logical Ability	6/	/ Y	PH			
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 recommended	
	1/2)
Signature over Printed Name Address:	Position Date 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	T A S PRIVE PHILIPP
School Seal	