



RECOMMENDATION FORM

Name of Applicant _____		
Last Name	First Name	Middle Name
Birth date _____	Age _____	Sex _____
Citizenship _____		
School Name _____		
School Address _____		

This student is applying for admission to De La Salle Canlubang. You have been asked for a recommendation. Your appraisal will be significant in our evaluation of his application. Please note that this will be used to compare the student with other applicants.

	<i>Strongly Recommended</i>	<i>Recommended</i>	<i>Recommended w/Reservation</i>	<i>Not Recommended</i>
For ACADEMIC APTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For CHARACTER and ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL RECOMMENDATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check one: In the entire class, the applicant belongs to the

Top Ten

Upper 25%

Middle 50%

Lower 25%

Comments:

Signature _____
Name _____

Position _____
Date _____

Length of time acquainted with applicant _____

Please return this evaluation in a sealed envelope, with your signature across the flap. The applicant will then submit the sealed envelope to the De La Salle Canlubang Admissions Office. Thank you very much for your assistance.