



De La Salle University

SENIOR HIGH SCHOOL MANILA CAMPUS

Recommendation Form

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMISSION TO DLSU-SHS BASED ON CHARACTER AND ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMISSION TO DLSU-SHS BASED ON OVERALL PERFORMANCE	<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 _____ POSITION _____

NAME _____ 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 UNIVERSITY SHS HUB MANILA CAMPUS. THANK YOU VERY MUCH FOR YOUR ASSISTANCE.