

## LETTER OF RECOMMENDATION

APPLICANT							
L		AST (FAMILY) NAME	FIRST NAME	<b>=</b>	MIDDLE NAME		
DEGREE PROGRAM APPLIED FOR				0	Full-Time (12 units per term) Part-Time (less than 12 units per term)		
ADDRESS							
TO THE DATE:	<b>.</b>						
TO THE RATE							
(Applicant to fill in appropriate name)							

Please fill out this form online. TYPE the applicant's name and desired graduate program.

The above-named person is applying for admission to the graduate school of De La Salle University. Kindly give your comments on the applicant's qualification for graduate work. The information supplied in this form will be used only for the purpose of assessing the applicant's qualifications for admission.

Kindly upload this LETTER OF RECOMMENDATION (with your signed appraisal on page 2) to the link that was shared with you by the applicant.

## Please comment on:

- 1. the applicant's major strengths in terms of graduate study;
- 2 the applicant's major weaknesses in terms of graduate study;
- 3 the applicant's definition of objectives and goals as they relate to his/her plans for graduate study;
- 4. other factors which might assist the Office of Admissions And Scholarships in considering the applicant.

How long have you known the applicant?In what capacity?								
APPRAISAL (Please type your appraisal o	f the applicant in	the space	below.)					
Please rate the applicant in terms of:								
	6 EXCEPTIONAL	5 SUPERIOR	4 ABOVE AVERAGE	3 AVERAGE	2 FAIR	1 POOR		
INTELLECTUAL ABILITY								
KNOWLEDGE OF FIELD								
WORK HABITS								
MOTIVATION TO PURSUE GRADUATE STUDIES								
SERIOUSNESS OF PURPOSE								
POTENTIAL FOR SIGNIFICANT FUTURE CONTRIBUTION IN THE FIELD								
RESOURCEFULNESS AND INITIATIVE								
EMOTIONAL MATURITY								
ADAPTABILITY TO NEW SITUATION								
LEADERSHIP QUALITIES								
TEACHING POTENTIAL								
RESEARCH POTENTIAL								
		1		1	1	1		
SIGNATURE			school/					
NAME			COMPANY					
DESIGNATION			ADDRESS					

<sup>\*</sup>Updated as of 16Mar23