De La Salle University
INTEGRATED SCHOOL

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 INTEGRATED SCHOOL 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-IS BASED ON ACADEMIC APTITUDE	☐	☐	☐	☐
ADMISSION TO DLSU-IS BASED ON CHARACTER AND ATTITUDE	☐	☐	☐	☐
ADMISSION TO DLSU-IS BASED ON OVERALL PERFORMANCE	☐	☐	☐	☐

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 Integrated School Admissions Office. Thank you very much for your assistance.

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(049) 554-8900