



# De La Salle University

## Recommendation Form

Office of Admissions and Scholarships  
De La Salle University, 2401 Taft Avenue, Manila 1004  
Telephone Nos. (632) 523-4230 (Direct); (632) 524-4611 Ext. 166  
Email: admissions@dlsu.edu.ph  
Website: www.dlsu.edu.ph

NAME OF APPLICANT \_\_\_\_\_ GENDER \_\_\_\_\_  
LAST FIRST MI

SCHOOL \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

The person named above is applying for admission at De La Salle University 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.

	5 EXCEPTIONAL	4 SUPERIOR	3 AVERAGE	2 FAIR	1 POOR
INTELLECTUAL ABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STUDY HABITS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MOTIVATION TO PURSUE COLLEGE STUDIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
POTENTIAL FOR SIGNIFICANT FUTURE CONTRIBUTION IN THE FIELD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RESOURCEFULNESS AND INITIATIVE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EMOTIONAL MATURITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADAPTABILITY TO NEW SITUATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEADERSHIP QUALITIES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The University recognizes that some of its students may have special learning needs (disabilities) or differences that require learning support. Since it is of great importance to the University that all its students will be able to work towards the successful completion of their academic requirements, we need your assistance in answering the following questions to the best of your knowledge:

1. Does the applicant have any physical condition which may affect his/her performance in college? (Please check)

NO  YES If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any behavioral observation of the applicant that may affect his/her academic performance in college? (Please check)

NO  YES If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you have negative observations about the applicant which may help us in evaluating his/her application to the University? (Please check)

NO       YES      If yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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NAME (PLEASE PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

POSITION \_\_\_\_\_

DATE \_\_\_\_\_

Length of time acquainted with the applicant: \_\_\_\_\_

Please return this appraisal to the applicant in a sealed envelope, with your signature across the seal. The applicant will then submit the sealed envelope to the Office of the Admissions and Scholarships, De La Salle University.

Thank you very much.

**#ThisIsYourStory**

**#PassItOn**



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