



# Recommendation Form

Recommender's Name

Position

Date

Signature

Length of time acquainted with the applicant:

Name of Applicant

LAST

FIRST

MI

Gender

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	4	3	2	1
	EXCEPTIONAL	SUPERIOR	AVERAGE	FAIR	POOR
INTELLECTUAL ABILITY					
STUDY HABITS					
MOTIVATION TO PURSUE COLLEGE STUDIES					
POTENTIAL FOR SIGNIFICANT FUTURE CONTRIBUTION IN THE FIELD					
RESOURCEFULNESS AND INITIATIVE					
EMOTIONAL MATURITY					
ADAPTABILITY TO NEW SITUATIONS					
LEADERSHIP QUALITIES					

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?

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?

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?

No Yes If yes, please specify:

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.