



OFFICE OF THE GRADUATE SCHOOL

RECOMMENDATION FORM

To the Applicant: This form should be given to professors who are able to evaluate you for graduate study.

Name of Applicant: Family Name First Name Middle Name

Degree Sought:

Major Field/Specialization:

To the Evaluator: Your recommendation will be considered confidential. Please return directly to the above address. You may send this as attachment through email, gradschool@slsuonline.edu.ph

RECOMMENDATION

1. How long have you known the applicant and in what capacity?

- [ ] As his/her professor \_\_\_ years
[ ] As his/her research adviser \_\_\_ years
[ ] As his/her employer/supervisor \_\_\_ years
[ ] Others (please specify) \_\_\_ years

2. Was the applicant enrolled in any of your classes and if so, in what subjects?

3. Please describe the applicant's potential for teaching and research.

4. Please describe the applicant's professional experience in relation with the degree sought.





5. Please rate the applicant on each characteristic in comparison with your other students with approximately the same amount of experience and training

	Characteristics	Upper 2%	Upper 5%	Upper 10%	Upper 25%	Upper 50%	No Basis for Judgment
1	Intellectual capacity						
2	Desire to achieve ambition						
3	Potential for success in major field						
4	Emotional maturity						
5	Enthusiasm						
6	Initiative						
7	Resourcefulness						
8	Responsibility						
9	Carefulness in work						
10	Originality/ingenuity						
11	Ability to work with others						
12	Ability to adjust in new situations						
13	Leadership qualities						
14	Written expression skills						
15	Oral expression skills						
16	ICT skills and access						

6. Please indicate additional information concerning the applicant’s potential as a graduate student that may not be reflected in his/her transcript of records. (Please use additional sheet if necessary.)

7. Please indicate the strength of your overall endorsement and your expectations of the performance of the applicant in graduate study.

		Program	
Outstanding	Upper 5%	Master’s	Doctoral
Above Average	Upper 15%		
Satisfactory	Upper 25%		
Some reservations			
Marginal			
Unsatisfactory			

Your Name, Position and Address:

	Signature
	Date

Thank you for completing this recommendation.

