Admissions and Scholarships Administration Office

La Salle Avenue, Bacolod City

Tel number: 434-6100 loc 124 / 433-7019

Website: [www.usls.edu.ph](http://www.usls.edu.ph), Email: asao@usls.edu.ph

**RECOMMENDATION FORM**

**For Transferee**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course/Year Level: \_\_\_\_\_\_\_\_\_\_\_

*Please attach a long white envelope with this form****.***

**To the College Dean/Guidance Counselor/ Teacher**: The person above is an applicant to the University of St. La Salle. Please make your recommendations carefully and fill out the form completely as this will be used in the evaluation of the student. Kindly return this to the applicant in an envelope, sealed and signed on the flap.

1. **GENERAL ASSESSMENT** – Please rate the student by putting a check on the corresponding box.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Above Average | Average | Below Average | No Chance to Observe |
| Communication Skills(Verbal & Written) |  |  |  |  |
| Motivation |  |  |  |  |
| Consistency of Performance |  |  |  |  |
| Emotional Stability |  |  |  |  |

1. **COMMENTS**

Do you have any comments which may help us in evaluating his/her application in the university?

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

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

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

1. **RECOMMENDATION FOR ADMISSION**

( ) I strongly recommend ( ) I recommend

( ) I recommend with reservation ( ) I do not recommend

Thank you for your assistance.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_