



## Admissions and Scholarships Administration Office

La Salle Avenue, Bacolod City Tel number: 434-6100 loc 124 / 433-7019

Website: www.usls.edu.ph, Email: asao@usls.edu.ph

## RECOMMENDATION FORM For Entering Freshmen

Αp	pplicant's Name:			Gender:		
Pr	evious School:					
	Please attach a loi	ng white envelop	e with this forn	n <b>.</b>		
of	the Guidance Counselor/Homeroom Ac St. La Salle. Please make your recommen Il be used in the evaluation of the studen	dations careful			-	
Kir	ndly return this to the applicant in an env	elope, sealed a	nd signed on	the flap.		
Α.	GENERAL ASSESSMENT. Please rate the	e student by pu	tting a check	on the co	rresponding box.	
		Exceptional	Very Good	Fair	Poor	
	Intellectual Ability					
	Communication Skills					
	Motivation to pursue college studies					
	Emotional Maturity					
	Resourcefulness/Initiative					
	Adaptability to New Situation					
	Leadership Qualities					
	Study Habit / Work Attitude					
	Does the applicant have physical condition that may affect his/her academic performance in the university? Please check.      No [ ]Yes, please specify,					
	<ol> <li>Does the applicant have behavioral/psychological condition that may affect his/her performance in the university? Please check.</li> <li>No [ ]Yes, please specify,</li></ol>					
	<ul><li>3. Has the applicant been guilty of any serious disciplinary offense? (e.g. cheating, stealing, drug abuse)</li><li>[ ] No [ ]Yes, please specify,</li></ul>					
c.	RECOMMENDATION FOR ADMISSION					
	<ul><li>( ) I strongly recommend</li><li>( ) I recommend with reservation</li></ul>		( ) I recomr ( ) I do not		nd	
Th	ank you for your assistance.					
Pri	inted Name:		Signatu	ıre:		
	sition:					