



Admissions Center
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 Tel Nos: (+63) 230-5100 1801 to 1803
 Email: admissions@benilde.edu.ph
 Website: admissions.benilde.edu.ph
 Office Hours: Mon-Fri. 8:00am-12:00nn
 & 1:30pm-5:00pm/Sat. 8:00am-12:00nn

(As stated in Birth Certificate. Please PRINT or TYPE.)

STUDENT APPLICANT Surname

First Name

Middle Name

Nickname

Gender Male Female

Recommendation Form

Counselor or Homeroom Adviser

School: _____ Years Attended: _____ to _____

School Address: _____

To the Applicant:

Write the information needed above. This form is to be accomplished by the counselor, or homeroom adviser only. The Center reserves the right to render the form invalid if the explanation for a substitute rater is unsatisfactory.

Verification/Authorization:

I knowingly and voluntarily consent to the disclosure and processing of my personal information and sensitive personal information (disciplinary records and special need, psycho-emotional condition and physical disability) contained in this application form to De La Salle-College of Saint Benilde for purpose of assessing my college application. This information will be shared with the members of the admission's committee. I waive my right to inspection and correction of the contents of this recommendation form.

| | | | |
|--|---------------|--|---------------|
| _____ Printed Name and Signature of Applicant | _____ Date | _____ Printed name and Signature of Parent/Guardian | _____ Date |
|--|---------------|--|---------------|

To the Evaluator:

The above person is applying for admission to De La Salle-College of Saint Benilde. Please give your assessment of the applicant carefully and fill out the form completely. After accomplishing this form, please return to the applicant in a sealed envelope with your signature across the flap. Unsealed and unsigned recommendation form will not be accepted. Thank you very much for your assistance.

A. General Assessment: How would you assess the applicant using the following criteria?

| | Above Average | Average | Below Average | No Chance to Observe |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Problem Solving | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creativity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Analytical Thinking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Collaboration/Teamwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Oral Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written Communication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation to study | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. General Description. Does the applicant have special learning needs, psychological-emotional condition, or physical disability that will need to be considered? Or has the applicant been involved in any serious disciplinary case? Yes, please explain below. No

C. Summary Evaluation. Considering the applicant's character and attitude, your overall recommendation is:

Strongly Recommended Recommended Recommended with Reservation Not Recommended

Explanation and/or comments: (Use extra sheet/s if necessary) _____

 Printed Name and Signature of Evaluator Tel./Contact Nos. _____
 Date Accomplished _____

Position (Pls. tick one) Length of time acquainted with the applicant _____

Counselor Homeroom Adviser