



Admissions Center  
 2544 Taft Avenue, Manila, Philippines 1004  
 Tel Nos: (+63 2) 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

### To the Applicant:

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.

School \_\_\_\_\_ Years Attended \_\_\_\_\_ to \_\_\_\_\_

School Address \_\_\_\_\_

### To the Evaluator:

The above-named person is applying for admission to De La Salle-College of Saint Benilde. Please evaluate the applicant, keeping in mind that your ratings will be used to compare this student with other applicants.

**Please return this appraisal to the applicant in a sealed envelope with your signature across the flap. The applicant will submit the sealed envelope to the Admissions Center.**

Considering the applicant's **academic performance** relative to the entire graduating class, he/she belongs to the (Please tick one):

<b>HIGH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>LOW</b>	
	100		90		80		70		60		50		40		30		20		10		0	
	( Top 10% )																					
																					( Low 10% )	

Considering the applicant's **character and attitude**, your overall recommendation is (Please tick one):

- Strongly Recommended**  
Please cite specific qualities of the student in the following areas: leadership, academics, and talent.
- Recommended**  
Please explain.
- Recommended With Reservation**  
Please explain.
- Not Recommended**  
Please explain.

Please use this space for your explanation and/or comments:

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The College aims to provide adequate learning support for students with **special education needs and/or physical limitations**. Based on your experience, does this applicant have any special needs we need to consider?  Yes, please explain below.  No

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Has the applicant been involved in any serious **disciplinary case**? If yes, please indicate the offense(s), date(s), and penalty(ies):

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Regarding the aforementioned case(s), has the applicant shown any indication of improvement? Please give details:

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\_\_\_\_\_  
 Printed Name & Signature

Position (Pls. tick one)

- Counselor
- Homeroom Adviser

Tel./Contact Nos. \_\_\_\_\_

Date Accomplished \_\_\_\_\_

Length of time acquainted with applicant \_\_\_\_\_

Thank you very much for your assistance.