



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

Principal, Assistant Principal & Discipline Head

To the Applicant:

This form is to be accomplished by the principal, assistant principal, or discipline head 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):

HIGH	<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"/>	LOW	
	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:

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

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

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

 Printed Name & Signature

- Position (Pls. tick one) Principal
 Assistant Principal Discipline Head

Tel./Contact Nos. _____

Date Accomplished _____

Length of time acquainted with applicant _____

Thank you very much for your assistance.