Recommendation Form
Principal, Assistant Principal and Discipline Head

School: ____________________________ Years Attended: _________ to _________
School Address: ______________________________________________________________________________________________

To the Applicant:
Write the information needed above. This form is to be accomplished by the Principal, Assistant Principal/Discipline Head 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.

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?

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<th>Above Average</th>
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<th>No Chance to Observe</th>
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<td>Problem Solving</td>
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<td>Creativity</td>
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<td>Analytical Thinking</td>
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<td>Collaboration/Teamwork</td>
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<td>Motivation to study</td>
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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

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

Gender ☐ Male ☐ Female
Printed Name and Signature of Parent/Guardian
Date

Tel./Contact Nos. ________________________________________________
Date Accomplished _____________________________________________
Length of time acquainted with the applicant _________________________

Verification/Authorization:
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___________________________________ ______________________________________________________ ______________
Printed Name and Signature of Applicant
Printed name and Signature of Parent/Guardian
Date

Admissions Center
2544 Taft Avenue, Manila, Philippines 1004
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

STUDENT APPLICANT Gender ☐ Male ☐ Female