



RECOMMENDATION FORM for TRANSFER and SECOND UNDERGRADUATE

Name of student _____

Last/Family

First/Given

Middle/Complete

Name of school _____

Complete school address _____

Telephone/ Fax number _____

Email address _____

INSTRUCTIONS

To the applicant:

1. Write your name above.
2. Give this form to the person who knows you enough and currently holds a position in your school. (e.g. Dean, Mentor, Adviser or Guidance Counselor)
3. Supply him/her with an envelope.

To the Recommending person:

1. The student whose name appears above is applying to the University of Asia and the Pacific.
2. Your assistance in answering the questions below is highly important. Your evaluation and rating will be part of our basis for accepting the student. Please fill out this form completely.
3. All information will be considered confidential. Thank you for your assistance.

EVALUATION

1. Appraisal of the qualities of the student

	Excellent	Good	Average	Poor
Analytical/ quantitative skills				
Overall intellectual ability				
Oral communication skills				
Leadership potential				
Maturity				
People skills				
Emotional stability				
Motivation/initiative				
Self-confidence				
Sense of responsibility				

2. What do you consider to be the applicants' strengths?

3. What do you consider to be the applicants' weaknesses?

4. Does the applicant have any health problems (physical or psychological) that can hamper his/her academic and extra-curricular performance? If yes, please explain.

COMMENTS

Further comments/ evaluation that will help UA&P decide on his/ her application.

RECOMMENDATION (please check the appropriate box)

The applicant is:

Highly recommended

Recommended

Recommended with reservations due to: _____

Not recommended due to: _____

Please affix school dry seal here

Date _____

Signature over printed name

Position / Designation: _____