



SAN BEDA UNIVERSITY

Integrated Basic Education Department

RECOMMENDATION FORM

JUNIOR HIGH SCHOOL

(Grade 7 to Grade 10)

TO THE APPLICANT: Complete the information below and give this form, along with an envelope addressed to the ADMISSIONS CENTER, INTEGRATED BASIC EDUCATION DEPARTMENT, SAN BEDA UNIVERSITY RIZAL, to two (2) persons who know you well enough to provide an accurate recommendation, e.g., your class adviser, guidance counselor, or principal.

(Please write legibly)

_____ is applying for admission to
Last Name
First Name
Middle Name
 the Integrated Basic Education Department, JUNIOR HIGH SCHOOL of San Beda University
 for Academic Year ____ - ____.

TO THE REFERENCE PERSON:

- Please complete this form and place it in an envelope provided by the student.
- Seal and sign the flap of the envelope.
Note: Envelopes which are unsealed and unsigned on the flap will not be accepted.
- You may skip any question you do not feel qualified to answer.
- All responses will be treated as strictly confidential.

A. How long and in what capacity have you known the applicant? _____ years/ months

B. On a scale of 1 to 5, with 1 signifying POOR; 3, signifying AVERAGE; and 5, signifying EXCEPTIONAL, how would you rate the applicant in terms of the following? *(If you feel you lack sufficient information to give an accurate answer, please check column "X").*

PERSONAL CHARACTERISTICS	1 POOR	2	3 AVERAGE	4	5 EXCEPTIONAL	X
1. Mental Ability						
2. Oral Communication Skills a.) English b.) Filipino						
3. Written Communication Skills a.) English b.) Filipino						
4. Study Habits and Attitudes						
5. Influence and Leadership						
6. Maturity						
7. Concern for Others						
8. Social and Emotional Adaptability						
9. Conduct						

