



SAN BEDA UNIVERSITY

Admissions and Placement Center

College of Nursing

RECOMMENDATION FORM

TO THE APPLICANT: Complete the information below and give this form, along with an envelope addressed to *CON BOARD OF ADMISSIONS c/o ADMISSIONS CENTER, SAN BEDA UNIVERSITY, MENDIOLA, MANILA* to two (2) persons who know you well enough to provide an accurate recommendation, e.g., your class adviser, guidance counselor, or principal.

_____ is applying for
Print: Last Name First Name Middle Name

Admission to the College of Nursing of San Beda for the _____ Semester of Academic Year _____

TO THE REFERENCE: Please complete this form and place it in the envelope provided by the student. Seal and sign the flap of the envelope. Envelopes which are unsealed and unsigned on the flap will not be accepted. You may omit any questions which 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?
- B. ON A SCALE OF 1 TO 7, WITH 1 BEING POOR, 4 BEING AVERAGE, AND 7 BEING 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 the column "x")

PERSONAL CHARACTERISTICS	Poor 1	2	3	Ave. 4	5	6	Exc. 7	x
1. Mental Ability								
2. Oral Communication Skills								
3. Written Communication Skills								
4. Study Habits and Attitudes								
5. Influence and Leadership								
6. Maturity								
7. Concern for Others								
8. Social and Emotional Adaptability								
9. Conduct								

C. PLEASE INDICATE DATE OF ADMISSION AND LENGTH OF STAY OF THIS APPLICANT IN YOUR SCHOOL.

D. IN YOUR PROFESSIONAL JUDGMENT, WHAT RANK DOES THE APPLICANT BELONG TO IN TERMS OF ACADEMIC PERFORMANCE? PLEASE PLACE A CHECK MARK IN THE BOX CORRESPONDING TO THE RANK OF THE APPLICANT.

<input type="checkbox"/>	Top 10%	<input type="checkbox"/>	25%	<input type="checkbox"/>	50%	<input type="checkbox"/>	Below 50% of his/her class/section
<input type="checkbox"/>	Top 10%	<input type="checkbox"/>	25%	<input type="checkbox"/>	50%	<input type="checkbox"/>	Below 50% of senior/graduating class

Number of students in class/section _____ in graduating class _____

E. SOME GIFTED INDIVIDUALS MAKE MEDIOCRE SCHOLASTIC RECORDS. IN YOUR OPINION IS THE APPLICANT'S SCHOLASTIC RECORD AN ACCURATE INDEX OF HIS/HER ABILITY? IF NOT, PLEASE EXPLAIN BRIEFLY

F. PLEASE INDICATE BY CHECKING THE APPROPRIATE BOX BELOW IF THE APPLICANT HAS BEEN PLACED ON PROBATION DURING HIS/HER STAY IN YOUR SCHOOL

<input type="checkbox"/>	Academic	<input type="checkbox"/>	Disciplinary	<input type="checkbox"/>	Absences	<input type="checkbox"/>	Please explain briefly _____
--------------------------	----------	--------------------------	--------------	--------------------------	----------	--------------------------	------------------------------

G. PLEASE LIST ANY INFORMATION WHICH IN YOUR OPINION, WOULD BE HELPFUL TO THE ADMISSION COMMITTEE. (e.g. Awards, Accomplishments, Talents, Weaknesses, Family Background, Interpersonal Relationships, Perceptions of other people, extra sheet may be used, etc.)

H. FROM YOUR OWN OBSERVATION AND AS ELICITED FROM FEEDBACK GIVEN BY OTHERS, WHAT ARE THE ASPECTS OF HIS/HER SCHOOL PERFORMANCE AND PERSONALITY TRAITS THAT NEED IMPROVEMENT.

I. RECOMMENDATION:

<input type="checkbox"/>	I strongly recommend her/him for admission.	<input type="checkbox"/>	I recommend him/her for admission with some reservations.
<input type="checkbox"/>	I recommend him/her for admission.	<input type="checkbox"/>	I do not recommend him/her for admission.

SIGNATURE: _____ Date: _____

NAME TYPED OR PRINTED: _____

DESIGNATION/TITLE: _____

INSTITUTION/ADDRESS: _____

TEL/FAX NO./CELLPHONE: _____

(Note: The CON Board of Admissions may or may not contact you for confirmation of aforementioned data. Thank you)

638 Mendiola St. San Miguel, Manila, Philippines • Telefax 734.8062 • Trunkline 735.6011 loc 3117

Email: admissions@sanbeda.edu.ph • website: www.sanbeda.edu.ph