



**College of Nursing**

**LETTER OF RECOMMENDATION**

**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")

<b>PERSONAL CHARACTERISTICS</b>	<b>Poor 1</b>	<b>2</b>	<b>3</b>	<b>Ave. 4</b>	<b>5</b>	<b>6</b>	<b>Exc. 7</b>	<b>x</b>
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 _____
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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)*