



# SAN BEDA UNIVERSITY

GRADUATE SCHOOL OF BUSINESS

Mendiola Street, San Miguel, Manila

## RECOMMENDATION

### To the Applicant:

Please complete the first part of this Recommendation Form and give it to a former professor, officer of the institution from where you obtained your undergraduate degree, parish priest, or anyone who knows you well enough. Enclose this Form, duly accomplished, in the self-addressed envelope provided. Write the recommender's name and address on the upper left side of the front of the envelope. When you received the sealed envelope with the accomplished Recommendation Form, do not open or break the seal. Include it within your accomplished application for admission. If your recommender prefers to send the recommendation to us, the recommendation envelope should be addressed to San Beda University Graduate School of Business, Mendiola Street San Miguel Manila 1099, P.O. Box 4457, Manila 1099.

Type or print:

Mr.

Name of Applicant  Ms.

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

Signature of Applicant \_\_\_\_\_

### To the Recommender:

The Applicant named above has applied for admission to the San Beda University Graduate School of Business. We would appreciate your objective appraisal of the Applicant's abilities and potentials for graduate studies. Your evaluation of the Applicant's intellectual strengths or weaknesses would be particularly helpful to us.

Complete the information below, enclose it in the envelope provided for, seal the envelope, sign across the seal, and return it to the Applicant. The applicant will send the envelope to us unopened with the application. If you prefer not to send your recommendation through the applicant, you may send it directly to:

**San Beda University Graduate School of Business  
Mendiola Street, San Miguel, Manila 1099  
P.O. Box 4457, Manila 1099**

1. How long and in what capacity have you known the Applicant? \_\_\_\_\_

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2. What do you consider are the Applicant's talents and/or strengths? \_\_\_\_\_

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3. What do you consider are the Applicant's weaknesses? \_\_\_\_\_

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4. Do you know of any of the personal circumstances or conditions which might affect the applicant's performance as a student? \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

5.

	<b>Outstanding</b>	<b>Very Satisfactory</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>	<b>Poor</b>
Professional Maturity					
Intellectual Capability					
Written Communication Fluency					
Oral Communication Fluency					

6. Please state any additional recommendation you may wish to add about the Applicant. \_\_\_\_\_

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Name of Recommender : \_\_\_\_\_

Signature of Recommender : \_\_\_\_\_

Title : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

Date Accomplished : \_\_\_\_\_