



St. Paul University Manila
(St. Paul University System)
680 Pedro Gil Street, Malate, 1004 Manila, Philippines

LETTER OF RECOMMENDATION

I. TO THE APPLICANT

Please TYPE or PRINT your name, address, desired course of study and the name of the ADVISER, COUNSELOR, TEACHER or PRINCIPAL to whom you are submitting the evaluation form. Provide each person with an envelope addressed to:

The Admission Officer
St. Paul University Manila
680 Pedro Gil Street, Malate
1004 Manila, Philippines

Applicant: _____

_____ Last Name _____ First Name _____ Middle Name

Course Applied for: _____ Major (if any) _____

City Address: _____

Provincial Address: _____

Contact Nos.: Landline _____ Mobile No. _____

Name of Evaluator: _____

Position/Relationship: _____

Name of School & Address: _____

Contact Nos.: Landline _____ Mobile No. _____

II. TO THE EVALUATOR

Please fill up the table below to describe the applicant's capacity for college course. Place the completed form in a SEALED ENVELOPE and SIGN ACROSS THE FLAP. Give the sealed envelope to the applicant who will then submit it as part of the documents required for enrolment.

A. Please check the appropriate box.

	Superior	Above Average	Average	Fair	Poor
1. Mental Capacity					
2. Study Habits					
3. Motivation to Pursue Higher Education					
4. Participation in Campus Activities					
5. Resourcefulness and Initiative					
6. Emotional Maturity					
7. Ability to Adjust to New Situation					
8. Leadership Qualities					
9. English Language Proficiency					
10. Social skills					

- B. Has the applicant been subjected to any disciplinary action? _____ Yes _____ No
- | | |
|-----------------------------------|--|
| _____ Smoking | _____ Disobedience to school authority |
| _____ Habitual Absenteeism | _____ Use of vulgar language |
| _____ Drinking alcoholic beverage | _____ Fighting outside school premises |
| _____ Drug abuse/pushing | _____ Cheating |
| _____ Stealing | _____ Others _____ |

Results/Outcome of the disciplinary action:

- C. Has the applicant been a member of any fraternity/sorority group(s)? _____ Yes _____ No
 If yes, please specify. _____

- D. Kindly list any information about the applicant that may be helpful to the Admission Officer (academic ranking, awards received, special talents, leadership abilities, interpersonal affiliations, family relationship, strengths and weaknesses, etc.).

E. RECOMMENDATION:

- | | |
|----------------------------|------------------------------------|
| _____ Strongly Recommended | _____ Recommended with Reservation |
| _____ Recommended | _____ Not Recommended |

Please explain.

Note: The Admission Officer may or may not contact you for confirmation of aforementioned data.

Date: _____

Signature: _____

Thank you very much for your cooperation.