



RECOMMENDATION FORM for College Admission

Date: _____

Name of Applicant: _____
Last Name First Name Middle Name

Birth date: (MM/DD/YY) _____ Age: _____ Sex: _____ Religion: _____

School Name and Address: _____

This student is applying for admission to College of San Benildo – Rizal. Your appraisal will be significant in our evaluation of his/her application. Please note that this will be used to compare the student with other applicants.

Please check.

Table with 4 columns: STRONGLY RECOMMENDED, RECOMMENDED, RECOMMENDED WITH RESERVATION, NOT RECOMMENDED. Rows: Academic aptitude, Character and attitude, Overall recommendation.

Please check one: In the entire class, the applicant belongs to the:

- Top ten Upper 25% Middle 50% Lower 25%

Comments: _____

Signature: _____ Position: _____

Name: _____ Contact number: _____

Length of time acquainted with the applicant: _____

Please return this evaluation in a sealed envelope, with your signature cross the flap.

The applicant will then submit the sealed envelope to the College of San Benildo-Rizal admissions office. Thank you very much for your assistance.