RECOMMENDATION FORM

NAME OF APPLICANT

Last Name

Given Name

Middle Initial

GENDER  ☐ FEMALE  ☐ MALE

PERMANENT ADDRESS

NAME OF SCHOOL

SCHOOL ADDRESS

TO THE APPLICANT

Please give this to the person you have chosen to recommend you whom you know for at least six months. He/She should not be a family member.

TO THE RECOMMENDING PERSON

You have been requested to supply information in support of the Application for College Admission to Malayan Colleges Laguna of the person named above. The information that you give will be held in strict confidence.

Please evaluate the applicant compared to other students, to the best of your ability. Please check the appropriate column.

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<th>ACADEMIC POTENTIAL</th>
<th>EXCEPTIONAL</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
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<tbody>
<tr>
<td>WILLINGNESS TO LEARN</td>
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<td>DISCIPLINED WORK HABITS</td>
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<td>LEADERSHIP</td>
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<td>EMOTIONAL MATURITY</td>
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<td>RESPECT FOR AUTHORITY</td>
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<td>ACCEPTANCE BY PEERS</td>
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OVER ALL RECOMMENDATION

☐ NOT RECOMMENDED
☐ RECOMMENDED WITH RESERVATION
☐ RECOMMENDED
☐ STRONGLY RECOMMENDED

COMMENTS

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PRINTED NAME

POSITION

SIGNATURE

DATE

Please return this recommendation form to the applicant in a sealed envelope, with your signature across the seal. The applicant will then submit the sealed envelope to the Admissions Office, MALAYAN COLLEGES LAGUNA.

Thank you for your assistance.

FORM ADO 004A