De La Salle-College of Saint Benilde

ADMISSIONS CENTER

2544 Taft Ave., Manila, Philippines 1004
Tel Nos.: 526-7441 to 47 loc. 126, 220 & 221
Telefax: 524-8233
Email: admissions@dls-csb.edu.ph
Website: www.dls-csb.edu.ph/admissions
Office Hours: Mon.-Fri. 8:00am-12:00nn &
1:30pm-5:00pm /Sat. 8:00am-12:00nn

(As stated in Birth Certificate. Please PRINT or TYPE.)

STUDENT APPLICANT Surname

First Name

Middle Name

Nickname

Gender ☐ Male ☐ Female

Recommendation Form

Principal, Assistant Principal or Discipline Head

(From school previously attended)

To the Applicant:

This form is to be accomplished by the principal, assistant principal, or discipline head only. The Center reserves the right to render the form invalid if the explanation for a substitute rater is unsatisfactory.

School _____ Years Attended _____ to _____

School Address _____

To the Evaluator:

The above-named person is applying for admission to De La Salle-College of Saint Benilde. Please evaluate the applicant, keeping in mind that your ratings will be used to compare this student with other applicants.

Please return this appraisal to the applicant in a sealed envelope with your signature across the flap. The applicant will submit the sealed envelope to the Admissions Center.

Considering the applicant's academic performance relative to the entire batch during his/her stay in your school, he/she belonged to the (Please tick one):

HIGH ☐ **LOW**

100 90 80 70 60 50 40 30 20 10 0

(Top 10%) (Low 10%)

Considering the applicant's character and attitude, your overall recommendation is (Please tick one):

- ☐ **S**trongly **R**ecommended
  Please cite specific qualities of the student in the following areas: leadership, academics, and talent.
- ☐ **R**ecommended
  Please explain.
- ☐ **R**ecommended **W**ith **R**eservation
  Please explain.
- ☐ **N**ot Recommended
  Please explain.

Please use this space for your explanation and/or comments:

_____

_____

_____

_____

_____

_____

_____

Has the applicant been involved in any serious disciplinary case? If yes, please indicate the offense(s), date(s), and penalty(ies):

_____

_____

Regarding the aforementioned case(s), has the applicant shown any indication of improvement? Please give details:

_____

_____

_____

Printed Name & Signature

Position (Pls. tick one)

- ☐ Principal
- ☐ Assistant Principal
- ☐ Discipline Head

Tel./Contact Nos. _____

Date Accomplished _____

Length of time acquainted with applicant _____

Thank you very much for your assistance.