



Center for Admissions

2544 Taft Avenue, Manila, Philippines 1004
Tel Nos: (+63) 2 8230-5100 1801 to 1803
Email: admissions@benilde.edu.ph
Website: www.benilde.edu.ph
Office Hours: Monday-Friday 8:00am-12:00nn
& 1:30pm-5:00pm

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

STUDENT APPLICANT Surname

First Name

Middle Name

Nickname

Degree Program

Full-Time (12 units per trimester) Part-Time (less than 12 units per trimester)

Graduate Recommendation Form

Check for the term-specific submission deadlines from the Benilde Center for Admissions. The Benilde Center for Admissions shall not be responsible for missed deadlines.

To the Applicant:

As an applicant to the graduate school, you are required to submit two recommendation forms. Recommendations must be requested from professors and/or work supervisors who are able to comment on your qualifications for graduate study.

Please complete the applicant information section of this form and give the form to the individual making the recommendation. You must also provide the individual with a clean white envelope addressed to:

The Admissions Director

De La Salle-College of Saint Benilde
2544 Taft Avenue, Manila

Please note that Benilde administrators (Chairperson, Deans, Assistant Vice Chancellors, Vice Chancellors, Chancellor) are restricted from accomplishing this forms.

Verification/Authorization:

I knowingly and voluntarily consent to the disclosure and processing of my personal information and sensitive personal information contained in this recommendation form to De La Salle-College of Saint Benilde for purpose of assessing my graduate school application. This information will be shared with the members of the admission’s committee. I waive my right to inspection and correction of the contents of this recommendation form.

Printed Name & Signature of Applicant

Date

To the Rater:

The applicant named above is applying for admission to the Graduate School of De La Salle-College of Saint Benilde. It will be of great assistance to the Benilde Admissions Committee if you would give your evaluation of the applicant’s qualification for graduate studies. Rest assured that the information shared in this form will only be used for the purpose of graduate admissions assessment.

Your personal and contact information shall be kept confidential and shall only be used for confirmation, verification and communication purposes.

Rater information

Name: _____

Title: _____

School/Company: _____

Address: _____

Telephone/Contact Number(s): _____

Email: _____ Signature: _____

Rater's Evaluation:

1. What is your relationship with the applicant?

- Teacher/Professor Employer/Supervisor Other _____

2. How long have you known the applicant? _____

3. Using the scale provided, please evaluate the applicant in comparison with other students with similar experience and training in the following areas:

AREAS FOR EVALUATION	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
Intellectual ability					
Emotional maturity					
Leadership qualities					
Independence					
Knowledge of the field					
Research potential					
Teaching potential					
Discipline/Study Habits					
Clarity of scholastic purpose					
Motivation to complete graduate studies					

4. In the space below, please provide your evaluation of the applicant in terms of his/her potential for success in graduate studies.

You may remark on the following areas:

- (a) applicant's strengths and weaknesses;
- (b) applicant's performance in independent study and/or research projects; and
- (c) applicant's ability to work with others, and other aspects you deem important for successful graduate studies.

(use additional sheets if necessary.)

Thank you for your evaluation. Please place and secure this Recommendation Form in a sealed white envelope with signature across the flap and return to the applicant for submission.