



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

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

STUDENT APPLICANT Surname

First Name

Middle Name

Nickname

Gender Male Female

Recommendation Form

School: _____ Years Attended: _____ to _____
 School Address: _____

To the Applicant:

Write the information needed above. This form is to be accomplished by the counselor, homeroom adviser, or discipline officer only. Afterwards, submit to the Center for Admissions. The Center reserves the right to render the answers to this form invalid if the explanation for a substitute rater is unsatisfactory.

Verification/Authorization:

I knowingly and voluntarily consent to the disclosure and processing of my personal information and sensitive personal information (general assessment, disciplinary records and special need, psycho-emotional condition, and physical disability) contained in this form to De La Salle-College of Saint Benilde for purpose of assessing my college application. This information will be shared with the members of the admissions committee. I waive my right to inspection and correction of the contents of this recommendation form.

Printed Name and Signature of Applicant	Date	Printed name and Signature of Parent/Guardian	Date
---	------	---	------

To the Evaluator:

The above person is applying for admission to De La Salle-College of Saint Benilde. Please give your assessment of the applicant carefully and fill out the form completely. After accomplishing this form, please return to the applicant with your signature. Unsigned recommendation form will not be accepted. Thank you very much for your assistance.

A. General Assessment: How would you assess the applicant using the following criteria?

	Above Average	Average	Below Average	No Chance to Observe
Problem Solving	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Creativity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Analytical Thinking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Collaboration/Teamwork	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oral Communication	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Written Communication	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leadership	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motivation to study	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. General Description. Did the applicant declare or manifest any special learning needs, psychological-emotional conditions, or physical disability while enrolled in your school? If yes, please specify.

C. Discipline/Behavior Description. Has the applicant been involved in any minor (less serious) or (serious) - disciplinary cases/offenses? What is the nature of the offense?

What is the corresponding responsibility/formative intervention and/or penalty that was implemented by your school?

D. Summary Evaluation. Considering the applicant's character and attitude, your overall recommendation is:

Strongly Recommended Recommended Recommended With Reservation Not Recommended

Explanation and/or comments: (Use extra sheet/s if necessary) _____

Printed Name and Signature of Evaluator

Tel./Contact Nos. _____

Email: _____

Date Accomplished _____

Length of time acquainted with the applicant _____

Position (Pls. tick one)

Counselor Homeroom Adviser Discipline Officer



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

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

STUDENT APPLICANT Surname _____
 First Name _____
 Middle Name _____
 Nickname _____

Gender Male Female

Recommendation Form Certification

School: _____ Years Attended: _____ to _____
 School Address: _____

To the Evaluator:

The above person is applying for admission to De La Salle-College of Saint Benilde. If you are comfortable releasing the completed recommendation form directly to the applicant, you may disregard this certification form.

If you prefer to keep your responses confidential, please complete and sign this document (Certification) and return it to the applicant. They will upload it to the Benilde Application Portal as part of the initial admission requirements. Please email the completed digital version of the Recommendation Form to admissions@benilde.edu.ph. For file naming, kindly use the format: *LASTNAME_FIRSTNAME_RECO.pdf*. After uploading, print the form, seal it in an envelope, sign across the seal, and hand it to the applicant. They need to submit it as part of their requirements if they qualify for enrollment.

Your cooperation in adhering to this step is greatly appreciated. Should you have any questions, please do not hesitate to reach out at admissions@benilde.edu.ph.

This certifies that I, the undersigned evaluator, have received the Recommendation Form from the applicant as part of their admission to De La Salle-College of Saint Benilde. I acknowledge my commitment to complete, sign, and securely submit the form promptly to ensure the applicant's application process continues smoothly. The applicant will also be informed to retrieve the sealed hard copy of the completed form when it is ready.

 Printed Name and Signature of Evaluator

Position (Pls. tick one)

Counselor Homeroom Adviser Discipline Officer

Email Address _____

Tel./Contact Nos. _____

Date Accomplished _____

Length of time acquainted with the applicant _____