## ASIAN CENTER University of the Philippines Diliman, Quezon City 1101 Metro Manila, Philippines

RECOMMENDATION FOR ADMISSION
TO THE MASTERAL PROGRAM
Semester, AY

**To the Applicant:** Please complete section 1 of this form and give this to your major professor, former program adviser and current employer/supervisor. This form should be accomplished and placed in a sealed envelope by the recommender. Attached the sealed recommendation to your application and other documents and send to the Office of the College Secretary, ASIAN CENTER, University of the Philippines, Diliman, Quezon City.

<u>Section 1</u> 1. Name of Applicant:			
1. Name of Applicant.	Family Name	First Name	Middle Name
2. Degree sought: [	] MA Asian Studies (thesis) ] M Asian Studies (non-thesis)	[ ] MA Philippine S [ ] M Philippine Stu	tudies (thesis) udies (non-thesis)
the ASIAN CENTER,	er: The person whose name app UP Diliman. Your evaluation of h his/her application. Your recor	nis/her qualification wi	Il be of great help in
<u>Section 2</u> 1. How long have you	known the applicant and in what	capacity?	
[ ] As his/her	professor research adviser employer/supervisor ease specify)	yea yea yea	ars ars
	you think the applicant is ready n? Yes No Please e		of his/her studies at
•	k are the skills/abilities/capabilit	ies/strengths of the a	applicant that could
4. What do you think	are the applicant's weaknesses th	at could affect his/her	studies?

Characteristics	Excellent	Very	Good	Average	Poor	No Basis for
Intellectual capacity		Good				Judgment
Intellectual capacity Emotional stability	1			1		
Diligence and						
resourcefulness						
Responsibility and	1			†		
initiative						
Honesty and integrity	1			1		
Originality/ingenuity				1		
Potential for success in						
selected field of study						
Social interaction skills						
Leadership and						
administrative ability						
Written expression skills						
Oral expression skills	ional informa	tion/remar	ks concerr	ning the ap	plicant's	potential as a
Oral expression skills	use addition	rsement o	necessary.	)		
6. Please indicate additi graduate student. (Please  7. Please indicate your graduate study.  [ ] Excellent [ ] Very Good [ ] Good  Signature:	use additiona	rsement o	r assessm Average Poor/Unsati	ent of the	applicant	
Oral expression skills  6. Please indicate additing graduate student. (Please  7. Please indicate your graduate study.  [ ] Excellent [ ] Very Good [ ] Good  Signature: Printed Name:	use additional	rsement o	r assessm Average Poor/Unsati	ent of the	applicant	s potential fo

IMPORTANT: PLEASE PLACE THIS ACCOMPLISHED FORM IN A SEALED ENVELOPE AND SIGN ACCROSS THE FLAP BEFORE RETURNING TO THE APPLICANT.