LA CONSOLACION COLLEGE – PASIG
641 Mercedes Ave., San Miguel, Pasig City
Telefax: 641-3073

RECOMMENDATION FORM

Applicant Information

Name of Student: _____
Surname First Name Middle Name

Name of Last School: _____ Years Attended _____ to _____

School Address: _____ Tel no. _____

Instructions

To the Evaluator:

The student whose name appears above is applying for admission to La Consolacion College – Pasig. We would like to request for your evaluation to help us in the selection of our student applicants. All information will be kept confidential. Thank you for your assistance.

Please return this to the applicant in a sealed white envelope with your signature across the flap.

Recommendation

1. The applicant's academic rank in the class: _____

No. of students in the his/her class: _____ No. of students in his/her batch: _____

2. Please specify failing grades if any

Subject(s): _____ _____ _____

3. Please assess the applicant by checking the appropriate boxes.

A. Class Attendance

☐never absent ☐ rarely absent ☐ frequently absent ☐ always absent

B. Punctuality

☐always on time ☐ rarely late ☐ frequently late ☐ always late

C. Personal Conduct

☐excellent ☐ good ☐ fair ☐ needs improvement

D. Reactions to Setbacks

☐excellent ☐ good ☐ fair ☐ needs improvement

E. Sociability

☐excellent ☐ good ☐ fair ☐ needs improvement

4. Has the applicant ever been involved in disciplinary cases (i.e cheating, stealing, cutting classes, etc.)? Please describe.

_____

_____

OVERALL RECOMMENDATION (Please check one):

___ Strongly recommended ___ Recommended with reservations due to: _____

___ Recommended ___ Not recommended due to: _____

_____ _____
Signature over printed name Position

School Seal

_____

Date: _____ School Principal