DE LA SALLE-
COLLEGE
OF SAINT
BENILDE

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	☐	☐	☐	☐
Creativity	☐	☐	☐	☐
Analytical Thinking	☐	☐	☐	☐
Collaboration/Teamwork	☐	☐	☐	☐
Oral Communication	☐	☐	☐	☐
Written Communication	☐	☐	☐	☐
Leadership	☐	☐	☐	☐
Motivation to study	☐	☐	☐	☐

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