

RECOMMENDATION

Date: _____

NAME OF APPLICANT _____
Last First Middle

Sir/Ma'am:

The applicant mentioned above has asked you to be his/her reference. Please fill out this form according to your best knowledge. We would welcome whatever additional information you feel AUP-COM should know about this applicant which you can provide. If additional writing space is required you may use extra sheets. The accomplished form and attachments, if any, may be hand carried (but not by the applicant) or sent back by postal mail addressed to the Dean* or scanned and e-mailed to aupcomadmissions@aup.edu.ph. Thank you.

Please rate the applicant by writing a check mark (✓) in the proper space.

ATTRIBUTES	5 Exceptional	4 Superior	3 Average	2 Fair	1 Poor	0 Cannot Evaluate
1. Intellectual Ability						
2. Honesty, Integrity, Empathy/Service Orientation						
3. Capacity for Critical Thinking						
4. Leadership Qualities						
5. Teaching Potential						
6. Study Habits						
7. Motivation for Studies						
8. Emotional Stability						
9. Resourcefulness & Creativity						
10. Research Capability						

Please write a check mark (✓) where appropriate and do share an explanation with us.

<input type="checkbox"/> I recommend the applicant <input type="checkbox"/> [] Very Strongly . . . <input type="checkbox"/> [] Strongly . . . <input type="checkbox"/> I recommend the applicant with reservations . . . <input type="checkbox"/> I do not recommend the candidate to AUP COM because _____ _____ _____ _____ _____
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Signature above PRINTED NAME:

Institution: _____ Address: _____
 Position: _____ Personal Phone Number: _____

Total number of years you have known the applicant: _____
 In what capacity? [] Professor [] Supervisor / Employer [] Others, specify _____

* Dean, Adventist University of the Philippines, College of Medicine, Puting Kahoy, Silang Cavite, 4118