



San Beda College Alabang

Don Manolo Blvd., Alabang Hills Village,
Alabang, 1770 Muntinlupa City
Tel. No.: 809-7047; 236-7222 loc.1080/2310
Website: www.sanbeda-alabang.edu.ph
ADMISSIONS AND TESTING CENTER

APPLICANT

LAST NAME

FIRST NAME

MIDDLE NAME

GENDER Male Female

GRADUATE STUDENT ACADEMIC AND DISCIPLINE APPRAISAL

NAME OF PERSON MAKING RECOMMENDATION _____

INSTITUTION _____

INSTRUCTIONS

To the applicant: Please complete the information needed above and give this form to a former professor or guidance counselor of the institution from which you obtained your undergraduate degree, employer, parish priest, supervisor or any person of authority who knows you well enough to fill this form out in a manner that will assist the admissions committee. Provide him/her with white envelope addressed to Admissions and Testing Center, San Beda College Alabang, Alabang Hills Village, Muntinlupa City.

To the person filling out this form: The above applicant is seeking admission to the Graduate School of *San Beda College Alabang*. Please provide us with relevant information and honest evaluation about his/her potentials, capabilities and traits helpful for graduate studies. Your appraisal of the applicant's intellectual capacities and moral fitness would be helpful in our screening process. Rest assured that all information will be held in confidence.

EVALUATION

Please rate the applicant on the qualities listed below	Excellent	Above Average	Average	Below Average	No basis for judgment
Intellectual Curiosity					
Integrity					
Knowledge of the Field					
Emotional Maturity					
Leadership Ability					
Potential for innovation in the field					
Social Consciousness					
Resiliency					
Problem-solving Skills					

How long have you known the applicant and in what capacity? _____

Please evaluate the applicant's overall strengths and potentials to perform in the graduate study. (Please tick one):

Exceptional Superior Above Average Average Fair Poor

To your knowledge, has the applicant been involved in any criminal, administrative or disciplinary proceedings? () YES () NO If yes, please indicate the nature of proceedings and applicant's involvement therein. _____

Please share with us your appraisal of the applicant's qualifications, intellectual ability, limitations, physical condition and/or any circumstances that may give us added insight to the strengths and weaknesses of this applicant. (Please use the back page if needed)

OVERALL RECOMMENDATION

Please check the appropriate box

Highly recommended FOR ADMISSION

Recommended FOR ADMISSION

Not Recommended FOR ADMISSION due to: _____

(Please provide separate sheet if needed)

Please do not leave this part blank

NAME: _____ SUBJECT/S TAUGHT: _____

POSITION/DESIGNATION: _____ CONTACT NUMBERS: _____

SIGNATURE: _____ DATE: _____