



RECOMMENDATION FOR GRADUATE ADMISSION

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|--|--|--|--|--|
| Name of Applicant | | | Graduate Degree Program Applied for | |
| Last Name First Name Middle Name | | | Applying to Begin Studies in Intersession 1 2 Sem SY 20 __ - 20 __ | |

To the applicant: Please submit three (3) recommendations.

- The first must be from a former professor, dean, or head of the college or graduate school that you attended.
- The second must be from your immediate superior or employer where you are currently working.
- The third may be from a person pre-eminent in your profession, a person holding a responsible position in business or government, or a former immediate superior or employer.

If you are a new graduate, your three recommendations may come from a former professor, dean, or head of the college or graduate school. If you have been away from school for some time or if you are not working, your first or second recommendation, respectively, may come from any of the other persons listed above.

None of the evaluators should be a relative.

This form should be submitted to the Office of the Associate Dean for Graduate Programs in a sealed envelope and signed on the flap by the recommending person together with the rest of the requirements for applying for graduate studies. The Loyola Schools reserves the right to contact the persons making the recommendation to confirm or verify information.

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|--|-----|----|-----------------------|------|
| I agree that the recommendation (s) I am requesting shall be held in confidence by the officials of the Ateneo de Manila University and I hereby waive my rights to examine it (them). | Yes | No | Applicant's Signature | Date |
| | | | | |

To the recommending person: The person named above is applying for a graduate studies at the Ateneo de Manila University - Loyola Schools and has given your name as reference. Your evaluation, along with the materials submitted by the applicant, will help us in evaluating his/her application and would be greatly appreciated. Please return this form in a sealed envelope with your signature on the flap or e-mail directly to the Office of the Associate Dean for Graduate Programs (adgp.ls@ateneo.edu).

1. How long have you known the applicant? _____
2. How did you come to know the applicant? _____
3. How would you rate the applicant in terms of the following factors?

| CRITERIA / RATING | Excellent | Above-Average | Average | Fair | Not Observed |
|---------------------------------------|-----------|---------------|---------|------|--------------|
| 1. Intellectual Ability | | | | | |
| 2. Clarity of Oral Expression | | | | | |
| 3. Written Expression | | | | | |
| 4. Maturity | | | | | |
| 5. Initiative | | | | | |
| 6. Emotional Stability | | | | | |
| 7. Leadership Ability | | | | | |
| 8. Diligence in Study and Work Habits | | | | | |

4. Please write or type at the back of this form or on a separate sheet your overall impression of the applicant's skills, abilities, and personality traits that will have a direct bearing on the applicant's success in completing the graduate degree program. Thank you.

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| Recommending Person's Name and Signature | |
| Institution and Contact Information | |