



## Recommendation Form (For Graduate Applicants )

Please email the accomplished and signed form directly to email address: [admissionsoff@usc.edu.ph](mailto:admissionsoff@usc.edu.ph)

Name of Applicant: \_\_\_\_\_  
(Family Name, First Name , Middle Name)

Program Applied: \_\_\_\_\_

Name of the School \_\_\_\_\_

Address of the School: \_\_\_\_\_

Sex at Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_

The person named above is applying for Admission at the University of San Carlos and you have been requested to provide a recommendation. The university would like to ask you for your honest assessment of the applicant on the criteria provided below. Your ratings will be considered in the evaluation for acceptance of the applicant to the program applied for. Please mark a check or an X on the appropriate space provided.

Criteria	Superior	Above Average	Average	Fair	Poor
Intellectual Ability					
Leadership Skills					
Interest in the Program Applied					
Study Habits					
Resourcefulness and Initiative					
Motivation to Pursue College Studies					
Adaptability					
Technical Skills					
Analytical and Critical Thinking Skills					
Emotional Stability					



The University recognizes that some of its students may have conditions and special learning needs that would require learning support. It is important for the University to provide the best possible support to help the student finish successfully his/her academic requirements. Hence, we need your assistance in answering the following questions to the best of your knowledge. Rest assured, the information provided will be kept in utmost confidence. Thank you very much!

1. Does the applicant have special educational needs that would affect his/her academic performance?

No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes , specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the applicant exhibit behavioral challenges/difficulties that would affect his/her academic performance?

No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes , specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the applicant have past consultations with the psychologist or psychiatrist?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, specify the diagnosis: \_\_\_\_\_  
\_\_\_\_\_

4. Identify 1 positive trait and 1 negative trait of the applicant that would help us in evaluating his/her application to the University.

Positive \_\_\_\_\_ Negative \_\_\_\_\_

Comments: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

School/Company: \_\_\_\_\_

Length of Time Acquainted with the applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Submission Instructions:**

*Please email the accomplished and signed form directly to email address:*

*[admissionsoff@usc.edu.ph](mailto:admissionsoff@usc.edu.ph)*

*Thank you.*

