



## RECOMMENDATION FORM

**Data Privacy Clause:** By completing this form, I hereby agree that University of San Carlos may collect, use, disclose, and process my personal data for the purpose/s of application for admission, scholarship, or enrollment. Requests for inspection, amendment, or restriction of records must be in writing and addressed to the USC Office of Recruitment and Admissions and must specify the reasons for the request. USC ORA reserves the right to respond appropriately according to law.

- For: ☐ Incoming First Year (Senior High School Graduates)  
☐ Transferee (applicants who have earned units from another college / university)

**Note:** Incoming First Year applicants need to submit two (2) recommendation forms from their Class Adviser and their Guidance Counselor or Designate.

Transferees need to submit two (2) recommendation forms from their professor or program chairperson and Guidance Counselor/ Designate of the college they attended.

### INSTRUCTIONS:

- To the Applicant:**
- A. Please write your name above **using ink**.
  - B. Give this form to your **guidance counselor or class adviser who knows you well enough** and currently holds a position of authority over you in your present school.
  - C. You understand that the information provided here will be used for evaluation purposes of the Department. Hence, it will not be made available to you.

- To the Person Recommending:**
- A. The student whose name appears above is applying to the University of San Carlos, Cebu City.
  - B. We value your candid and honest evaluation of this applicant. Based on your careful judgment, please fill out this form completely.
  - C. After filling out this form, please email the filled out form directly to **admissions-apply@usc.edu.ph**
  - D. Countersign erasures and corrections made. All information will be kept confidential. Thank you for your assistance.

Name of Applicant: \_\_\_\_\_

LAST NAME

FIRST NAME

MIDDLE NAME

Sex: \_\_\_\_\_

Nationality : \_\_\_\_\_

Religion: \_\_\_\_\_

Grade Level & Track/Strand: \_\_\_\_\_

School : \_\_\_\_\_

School Address: \_\_\_\_\_

### BASES FOR RECOMMENDATION

This report is based on:

- ☐ Personal contact with the applicant
- ☐ Teacher's comments
- ☐ Guidance records / test results
- ☐ Observations of other counselors / teachers
- ☐ Others: \_\_\_\_\_

Relationship to the applicant:

- ☐ Teacher / Professor
- ☐ Guidance Counselor
- ☐ Research Adviser
- ☐ Supervisor
- ☐ Employer



**GENERAL EVALUATION**

1. How would you rate the applicant in terms of the following characteristics? Please check the most appropriate box.

	5 Exceptional	4 Superior	3 Average	2 Fair	1 Poor
Intellectual Ability					
Study Habits					
Motivation To Pursue College Studies					
Potential For Significant Future Contribution In The Field					
Resourcefulness and Initiative					
Emotional Maturity					
Adaptability to New Situations					
Leadership Qualities					
Creativity					
Critical thinking					

The University recognizes that some of its students may have special learning needs (disabilities) or differences that require learning support. Since it is of great importance to the University that all its students will be able to work towards the successful completion of their academic requirements, we need your assistance in answering the following questions to the best of your knowledge:

1. Does the applicant have any physical condition which may affect his/her performance in college?  
NO ( ) YES ( ) If Yes , Please specify: \_\_\_\_\_

2. Do you have any behavioral observation of the applicant that may affect his/her academic performance in college?  
NO ( ) YES ( ) If Yes , Please specify: \_\_\_\_\_

3. Do you have negative observations about the applicant which may help us in evaluating his/her application to the University?  
NO ( ) YES ( ) If Yes , Please specify: \_\_\_\_\_

**2. For Guidance Counselors:**

Please identify the factors that might interfere with the applicant's academic / personal relationships.

- |  |  |
|--|--|
| <input type="checkbox"/> Family Relationships  | <input type="checkbox"/> Financial Concerns  |
| <input type="checkbox"/> Peer Pressure         | <input type="checkbox"/> Behavioral          |
| <input type="checkbox"/> Romantic Relationship | <input type="checkbox"/> Psychological       |
| <input type="checkbox"/> Identity Issues       | <input type="checkbox"/> Learning Difficulty |



**OVERALL RECOMMENDATION**

☐ Strongly Recommended

☐ Recommended with Reservation

☐ Recommended

☐ Not Recommended

Please state reason(s) if recommended with reservation or not recommended:

**PERSON RECOMMENDING**

Printed Name:

Signature:

Date Accomplished:

Contact No.:

Email Address:

Designation / Position / Subject Taught:

Name of School / Employer:

School / Employer Address:

After filling out the form, save this file as a PDF and submit via email thru [admissions-apply@usc.edu.ph](mailto:admissions-apply@usc.edu.ph) with subject as: Recommendation for (Family Name ,Frist Name ofr the applicant: *Example: Re: Recommendation – GO*