



Office of the Associate Dean for Mentoring Academic Progress and Advancement

GRADUATE OFFICE

RECOMMENDATION FORM IN SUPPORT OF APPLICATION TO GRADUATE PROGRAM AND/OR DOST-ASTHRDP SCHOLARSHIP

TO BE COMPLETED BY APPLICANT. PLEASE TYPE OR PRINT.

Name: _____ Degree Program Applied for: _____

Proposed Start of Graduate Study: Semester: _____ Academic Year: _____

TO BE COMPLETED BY RECOMMENDER

Date: _____

The person named above has applied for admission to graduate program in the College of Science, University of the Philippines, Diliman. The Graduate Office will appreciate your evaluation of the applicant's ability to undertake graduate study and research and his/her potential for a successful career in his/her desired field of specialization. All information that you may give to applicant shall be held in strict confidence.

1. How long have you known the applicant? _____ months, and _____ years

2. In what capacity have you known the applicant?

- | | | |
|------------|---|---|
| As his/her | <input type="checkbox"/> Division/Dept./School Head | <input type="checkbox"/> Research Supervisor |
| | <input type="checkbox"/> Teacher in several classes | <input type="checkbox"/> Supervisor/Employer |
| | <input type="checkbox"/> Teacher in one class | <input type="checkbox"/> Others (Please specify): _____ |

3. If the applicant was a student in some of your classes, what were these subjects?

4. Do you feel that the applicant is ready and qualified for graduate study at this time? Why?

5. What do you consider as the applicant's outstanding talents or strengths in relation to graduate study?

6. What do you consider as his/her weaknesses or deficiencies in relation to graduate study?

7. In your opinion, what are the applicant's chances of completing the graduate program applied for?

8. Please rate the applicant based on the following characteristics in comparison with other students in the same discipline who are known to you and who have had more or less the same amount of training and experience representation.

(Indicate size of group with which applicant is being compared _____ and its education level _____.)

	Excellent (Top 10%)	Very Good (Top 11-20%)	Good (Top 21-30%)	Satisfactory (Top 31-50%)	Below Average (Below 50%)	Inadequate Basis for Judgment
1. Intellectual ability						
2. Academic preparation for proposed field of study						
3. Motivation for proposed field of study						
4. Originality, creativity and imagination						
5. Analytical and problem solving ability						
6. Meticulousness/attention to detail						
7. Initiative and independence						
8. Honesty and integrity						
9. Conscientiousness and responsibility						
10. Ability to work with others						
11. Oral communications skills						
12. Written communication skills						
13. Emotional maturity						
14. Confidence and self-esteem						
15. Potential as a researcher in the discipline						
16. Potential as a teacher in the discipline						

The undersigned strongly recommends, recommends, recommends with reservations, does not recommend, the applicant for admission into his/her desired graduate degree program in the College of Science.

IMPORTANT: RETURN COMPLETED FORM TO APPLICANT IN A SEALED ENVELOPE:

Recommender's Printed Name: _____ Recommender's Signature: _____

Highest Educational Attainment: _____ Current Position: _____

Name and Address of Organization: _____
