



GRADUATE OFFICE

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

TO BE COMPLETED BY APPLICANT. PLEASE TYPE OR PRINT.

Name: _____ Proposed Start Semester: _____
 Degree Program Applied for: _____ of Study: _____ Academic Year: _____

TO BE COMPLETED BY RECOMMENDER

Date: _____

The person named above has applied for admission to a graduate program in the College of Science at the University of the Philippines Diliman. The College of Science Graduate Office would appreciate your evaluation of the applicant's ability to undertake graduate-level study and research, as well as their potential for a successful career in their chosen field of specialization. All information you provide will be treated with strict confidentiality.

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

2. In what capacity have you known the applicant?

- As their
- Division/Dept./School Head
 - Research Supervisor
 - Teacher in several classes
 - Supervisor/Employer
 - Teacher in one class
 - 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 the applicant's 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? Why?

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 their desired graduate degree program in the College of Science.

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

Highest Educational Attainment: _____ Current Position: _____

Name and Address of Organization: _____
