CONFIDENTIAL

Incoming Level _____

SAINT PEDRO POVEDA COLLEGE

RECOMMENDATION FORM

To the applicant: Please fill out the top portion and give to your ADVISER.
Kindly encode or print your responses clearly.

Applicant's Name: _____
Last First Middle

Name of School: _____ Grade/Year Level _____

School Address: _____ Tel No. _____

TO THE ADVISER:
The above-mentioned student is seeking admission to SAINT PEDRO POVEDA COLLEGE. The Admission Committee finds a thorough evaluation helpful in the decision-making process. Please feel free to include any pertinent information, as this shall be dealt with utmost confidentiality. Kindly initial all erasures/corrections made and use another sheet of paper if space provided for is not sufficient. Please check appropriate column and encode or print your responses.

Character and Personality	Highly Evident	Evident	Not Evident	No Opportunity to Observe
Ability to Learn				
Self-Confidence				
Self-Discipline				
Self-Management				
Emotional Maturity				
Concern for others				
Respect for Authority				
Social Relationships				
Leadership Potential				

Please write an appraisal of this student's character and personality.

_____
_____
_____

Intellectual Ability and Achievement	Highly Evident	Evident	Not Evident	No Opportunity to Observe
Intellectual Capacity				
Ability to Work Individually				
Ability to Work with Groups				
Study Habits				
Motivation/Goals/Level of Aspiration				
Academic Growth Potential				
Oral Communication Skills				
Written Communication Skills				

Please write an appraisal of this student's ability and achievement.

_____
_____
_____

Has the applicant been subjected to academic probation and/or any disciplinary action? _____ Yes _____ No
If yes, please state the reason and its details _____
_____
_____
_____
_____

Please write an appraisal of areas he/she can improve on _____
_____
_____
_____

How long have you known the applicant? _____

Basis for rating :

- ☐ records
- ☐ sessions with the applicant
- ☐ personal observation
- ☐ teacher's observation
- ☐ others _____

Overall Recommendation:

- ☐ Strongly Recommended
- ☐ Recommended
- ☐ Recommended with Reservation

Not Valid Without School Dry Seal

Signature : _____
Printed Name : _____
Designation : _____
Contact No. : _____
Date : _____

Upon completion of this appraisal, kindly send through email to registrar@poveda.edu.ph. For any clarification, please contact us at Tel. Nos. 88-POVEDA (88-768322).

Thank you for your assistance.