



UNIVERSITY OF THE PHILIPPINES MINDANAO
Mintal, Tugbok District, Davao City 8022,
Philippines

RECOMMENDATION FORM

TO THE APPLICANT: Please give this form to at least two persons (at least 1 former professor) whom you are requesting to evaluate you for graduate study.

Name of applicant: _____
Family Name First Name Middle Name

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To the Evaluator: Your recommendation will be considered **CONFIDENTIAL**. Please email directly to kacalumba@up.edu.ph.

RECOMMENDATION

How long have you known the applicant and in what capacity?

- () As his or her professor _____ years
- () As his or her research adviser _____ years
- () As his or her employer/supervisor _____ years
- () Others (please specify): _____ years

Was the applicant enrolled in any of your classes? If so, in what subject?

Please describe the applicant's potential for teaching and research.

Characteristics	Excellent (Upper 10%)	Good (Upper 20%)	Satisfactory (Upper 50%)	Below Average (Lower 50%)	No basis for judgement
a. Intellectual capacity					
b. Ambition					
c. Potential for success in major field					
d. Emotional maturity					
e. Initiative					
f. Resourcefulness					
g. Responsibility					
h. Carefulness in work					
i. Originality/Ingenuity					
j. Ability to work with others					
k. Ability to adjust to new situations					
l. Leadership qualities					
m. Written expression skills					
n. Oral expression skills					
o. Overall potential as graduate student					

Please indicate additional information concerning the applicant's potential as a graduate student that may not be reflected in his or her transcript of records. *(Please use additional sheets, if necessary.)*

Your name and address:

Signature

Date

Telephone and/or mobile number: _____

Thank you for completing this recommendation form.