

RECOMMENDATION

NAME OF APPLICANT _____ DATE _____

RECOMMENDER: This student has applied for admission to Adventist University of the Philippines. Since applicants are required to have this form on file before admission can be considered, your prompt appraisal will be appreciated. Please bear in mind that Adventist University of the Philippines is a Seventh-day Adventist Christian school desiring to admit students who wish to live in harmony with the ideals this implies. Please speak frankly in your comments.

PLEASE RATE the applicant in the following areas:

	Exceptional	Good	Fair	Poor	No Knowledge
● ACADEMIC ABILITY	_____	_____	_____	_____	_____
● CHRISTIAN INFLUENCE	_____	_____	_____	_____	_____
● COOPERATION	_____	_____	_____	_____	_____
● INTEGRITY	_____	_____	_____	_____	_____
● MATURITY	_____	_____	_____	_____	_____
● MOTIVATION	_____	_____	_____	_____	_____

Does the applicant use any of the following?

	I Do Not Know	No	Yes	If "yes," please comment
● ALCOHOL	_____	_____	_____	_____
● DRUGS	_____	_____	_____	_____
● TOBACCO	_____	_____	_____	_____

Please make any additional comments about the applicant: _____

RECOMMENDATION: In consideration of the above evaluation, do you recommend this applicant to a Christian school? (Check one of the following)

Strongly Recommend ____ Recommend ____ Recommend with Reservation ____ Do Not Recommend ____

Recommender's Name _____ Signature _____
Title _____ E-mail Address _____
Home Phone # _____ Mobile Phone # _____
Address _____ City _____
Province _____ State _____ Zip Code _____

Note: Please make photocopies as needed.