

**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: \_\_\_\_\_\_\_\_\_\_\_

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*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 Division/Dept./School Head Research Supervisor

Teacher in several classes Supervisor/Employer

Teacher in one class Others (Please specify): \_\_\_\_\_\_\_

1. If the applicant was a student in some of your classes, what were these subjects?
2. Do you feel that the applicant is ready and qualified for graduate study at this time? Why?
3. What do you consider as the applicant’s outstanding talents or strengths in relation to graduate study?
4. What do you consider as his/her weaknesses or deficiencies in relation to graduate study?
5. In your opinion, what are the applicant’s chances of completing the graduate program applied for?
6. 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 |  |  |  |  |  |  |
| 1. Academic preparation for proposed field of study |  |  |  |  |  |  |
| 1. Motivation for proposed field of study |  |  |  |  |  |  |
| 1. Originality, creativity and imagination |  |  |  |  |  |  |
| 1. Analytical and problem solving ability |  |  |  |  |  |  |
| 1. Meticulousness/attention to detail |  |  |  |  |  |  |
| 1. Initiative and independence |  |  |  |  |  |  |
| 1. Honesty and integrity |  |  |  |  |  |  |
| 1. Conscientiousness and responsibility |  |  |  |  |  |  |
| 1. Ability to work with others |  |  |  |  |  |  |
| 1. Oral communications skills |  |  |  |  |  |  |
| 1. Written communication skills |  |  |  |  |  |  |
| 1. Emotional maturity |  |  |  |  |  |  |
| 1. Confidence and self-esteem |  |  |  |  |  |  |
| 1. Potential as a researcher in the discipline |  |  |  |  |  |  |
| 1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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