

2. Your notes and observations / recommendations

3. Ranking (For applicants transferring within the school year, refer to the second quarter assessment of the current school year)

	No. of Students	Top 10	Upper 25%	Middle 50%	Lower 25%
In Class / Section _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entire Batch _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Strength Areas of the applicant

5. Areas that the applicant needs to improve on

6. Has the student been involved in any disciplinary case? If yes, please briefly describe below.

7. Based on the information above, indicate your recommendation by ticking one of the boxes

- | | |
|--|--|
| <input type="checkbox"/> I highly recommend the applicant | <input type="checkbox"/> I do not recommend the applicant |
| <input type="checkbox"/> I recommend the applicant with reservations | <input type="checkbox"/> I defer my recommendation; I do not know much about the applicant |

8. Name of Recommending Person (please print)

9. Signature

10. Position

11. Contact Information