



Recommendation Form

(To be filled out by the Adviser)

Kindly fill out all fields, put N/A for those that do not apply to you.

SCHOOL YEAR: _____

NAME OF THE APPLICANT: _____

LEVEL APPLYING FOR: _____

NAME OF SCHOOL: _____

1. ACADEMIC RECORD

QUARTER / TRIMESTER	English	Math	Social Studies	Science	Music / Art	Conduct
First Quarter / Trimester						
Second Quarter / Trimester						
General Average (as of 2nd Qtr / Trimester)						

2. SCHOLASTIC STANDING

- Top 10 percent of the class
 Upper 25 percent of the class
 Upper 50 percent of the class
 Belongs to lower 50 percent of the class
 Belongs to bottom 25 percent of the class

3. TYPE OF SECTION

- Honors
 Semi-Honors
 No Honors

4. RECOMMENDATION

a. Is the applicant a candidate for honors? YES NO

b. Has the applicant ever been subjected to disciplinary action, misconduct or academic deficiency?

YES NO If YES, please explain why: _____

c. Has the applicant failed in any subject in previous school years? Please give subject(s) and grade(s) obtained.

Please check:

- Strongly recommended
 Recommended
 Recommended with reservation
 Not recommended

Details of the person accomplishing this report:

Printed Name: _____ Signature: _____

Position: _____ Date: _____

Please affix school dry seal here:

Thank you for completing this student's recommendation to our School. Please seal this form in an envelope and sign on the flap. Return to the student for submission to our office. All ratings, responses and recommendations in this form are regarded as confidential.