



# ADMISSIONS CENTER

2544 Taft Ave., Manila, Philippines 1004  
Tel Nos.: 526-7441 to 47 loc. 126, 220 & 221  
Telefax: 524-8233  
Email: admissions@dls-csb.edu.ph  
Website: www.dls-csb.edu.ph/admissions  
Office Hours: Mon.-Fri. 8:00am-12:00nn &  
1:30pm-5:00pm / Sat. 8:00am-12:00nn

(As stated in Birth Certificate. Please PRINT or TYPE.)

STUDENT APPLICANT Surname \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Nickname \_\_\_\_\_

Gender  Male  Female

## Recommendation Form Counselor or Homeroom Adviser

### To the Applicant:

This form is to be accomplished by either the counselor or the homeroom adviser only. The Center reserves the right to render the form invalid if the explanation for a substitute rater is unsatisfactory.

School \_\_\_\_\_ Years Attended \_\_\_\_\_ to \_\_\_\_\_

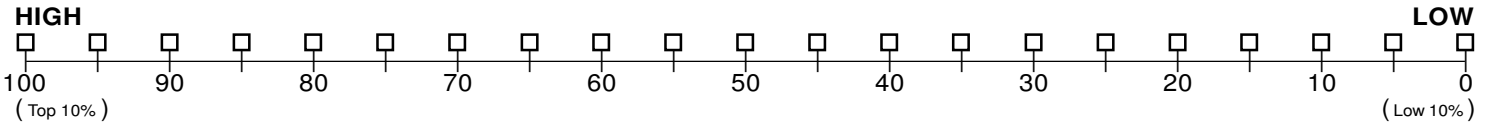
School Address \_\_\_\_\_

### To the Evaluator:

The above-named person is applying for admission to De La Salle-College of Saint Benilde. Please evaluate the applicant, keeping in mind that your ratings will be used to compare this student with other applicants.

**Please return this appraisal to the applicant in a sealed envelope with your signature across the flap. The applicant will submit the sealed envelope to the Admissions Center.**

Considering the applicant's academic performance relative to the entire graduating class, he/she belongs to the (Please tick one):



Considering the applicant's character and attitude, your overall recommendation is (Please tick one):

Please use this space for your explanation and/or comments:

- Strongly Recommended**  
Please cite specific qualities of the student in the following areas: leadership, academics, and talent.
- Recommended**  
Please explain.
- Recommended With Reservation**  
Please explain.
- Not Recommended**  
Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant been involved in any serious disciplinary case? If yes, please indicate the offense(s), date(s), and penalty(ies):

\_\_\_\_\_  
\_\_\_\_\_

Regarding the aforementioned case(s), has the applicant shown any indication of improvement? Please give details:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name & Signature

Tel./Contact Nos. \_\_\_\_\_

Date Accomplished \_\_\_\_\_

Length of time acquainted with applicant \_\_\_\_\_

Position (Pls. tick one)  Counselor  
 Homeroom Adviser

Thank you very much for your assistance.