

San Beda College COLLEGE OF NURSING P.O. Box 4457 Manila 1099 Telefax 7348062 Trunkline 735.6011 loc 3117 Website: www.sanbeda.edu.ph



LETTER OF RECOMMENDATION

TO THE APPLICANT: Complete the information below and give this form, along with an envelope addressed to ADMISSIONS CENTER, SAN BEDA COLLEGE, MENDIOLA, MANILA to two (2) persons who know you well enough to provide an accurate recommendation, e.g., your Class, Advise, Guidance Counselor or Principal.

				is applying for
Print:	Last Name	First Name	Middle Name	

Admission to the College of Nursing of San Beda for the _____ Semester of Academic Year _____

- **TO THE REFERENCE:** Please Complete this form and place it in the envelope provided by the student. Seal and sign the flap of the envelope. Envelopes which are unsealed and unsigned on the flap will not be accepted. You may omit any questions which you do not feel qualified to answer. All responses will be treated as strictly confidential.
 - A. HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?
 - B. ON A SCALE OF 1 TO 7, WITH 1 BEING POOR, 4 BEING AVERAGE, AND 7 BEING EXCEPTIONAL HOW WOULD YOU RATE THE APPLICANT IN TERMS OF THE FOLLOWING? (If you feel you lack sufficient information to give an accurate answer, please check the column "x")

	Poor			Ave.			Exc.	
PERSONAL CHARACTERISTICS	1	2	3	4	5	6	7	X
1. Mental Ability								
2. Oral Communication Skills								
3. Written Communication Skills								
4. Study Habits and Attitudes								
5. Influence and Leadership								
6. Maturity								
7. Concern for Others								
8. Social and Emotional Adaptability								
9. Conduct								
10.Masculinity/Femininity (Physical & Behavioral Manifestations)								

- C. PLEASE INDICATE DATE OF ADMISSION AND LENGTH OF STAY OF THIS APPLICANT IN YOUR SCHOOL.
- D. IN YOUR PROFESSIONAL JUDGMENT, WHAT RANK DOES THE APPLICANT BELONG TO IN TERMS OF ACADEMIC PERFORMANCE? PLEASE PLACE A CHECK MARK IN THE BOX CORRESPONDING TO THE RANK OF THE APPLICANT.

	Top 10%	25%	50%		Below 50% of his/her class/section
	Top 10%	25%	50%		Below 50% of senior/graduating class
Numbe	er of students	in class/section	i	in graduati	ng class

- E. SOME GIFTED INDIVIDUALS MAKE MEDIOCRE SCHOLASTIC RECORDS. IN YOUR OPINION IS THE APPLICANT'S SCHOLASTIC RECORD AN ACCURATE INDEX OF HIS/HER ABILITY? IF NOT, PLEASE EXPLAIN BRIEFLY
- F. PLEASE INDICATE BY CHECKING THE APPROPRIATE BOX BELOW IF THE APPLICANT HAS BEEN PLACED ON PROBATION DURING HIS/HER STAY IN YOUR SCHOOL

Academic	Disciplinary	Absences	Please explain briefly	_
				_

- G. PLEASE LIST ANY INFORMATION WHICH IN YOUR OPINION, WOULD BE HELPFUL TO THE ADMISSION COMMITTEE. (e.g. Awards, Accomplishments, Talents, Weaknesses, Family Background, Interpersonal Relationships, Perceptions of other people, extra sheet may be used, etc.)
- H. FROM YOUR OWN OBSERVATION AND AS ELICITED FROM FEEDBACK GIVEN BY OTHERS, WHAT ARE THE ASPECTS OF HIS/HER SCHOOL PERFORMANCE AND PERSONALITY TRAITS THAT NEED IMPROVEMENT.

I. RECOMMENDATION:

I strongly recommend her/him for admission.

I recommend him/her for admission.

I recommend him/her for admission.

I do not recommend him/her for admission.

SIGNATURE:

Date:

NAME TYPED OR PRINTED:

NAME I YPED OR PRINTED: _	
DESIGNATION/TITLE:	
INSTITUTION/ADDRESS:	
TEL/FAX NO./CELLPHONE:	

(Note: The CON Admissions Committee may or may not contact you for confirmation of aforementioned data. Thank you)