



**San Beda College**  
**GRADUATE SCHOOL OF LITURGY**  
*Mendiola Street, 1005 Manila*

**RECOMMENDATION**

**To the Applicant:**

Please complete the first part of this Recommendation Form and give it to a former professor, officer of the institution from where you obtained your undergraduate degree, religious or seminary superior, parish priest, or anyone who knows you well enough. Enclose this Form, duly accomplished, in the self-addressed envelope provided. Write the recommender's name and address on the upper left side of the front of the envelope. When you received the sealed envelope with the accomplished Recommendation Form, do not open or break the seal. Include it within your accomplished application for admission. If your recommender prefers to send the recommendation to us, the recommendation envelope should be addressed to *San Beda College Graduate School of Liturgy, Mendiola Street San Miguel Manila 1005, P.O. Box 4457, 1005 Manila.*

---

---

Type or print:

[ ] Mr.

Name of Applicant [ ] Ms. \_\_\_\_\_  
Last First Middle

Signature of Applicant \_\_\_\_\_

---

---

**To the Recommender:**

The Applicant named above has applied for admission to the San Beda College Graduate School of Liturgy. We would appreciate your objective appraisal of the Applicant's abilities and potentials for graduate studies. Your evaluation of the Applicant's intellectual strengths or weaknesses would be particularly helpful to us.

Complete the information below, enclose it in the envelope provided for, seal the envelope, sign across the seal, and return it to the Applicant. The Applicant will send the envelope to us unopened with the application. If you prefer not to send your recommendation through the applicant, you may send it directly to:

San Beda College Graduate School of Liturgy  
Mendiola Street, San Miguel, 1005 Manila  
P.O. Box 4457, 1005 Manila

1. How long and in what capacity have you known the Applicant? \_\_\_\_\_

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

2. What do you consider are the Applicant's talents and/or strengths? \_\_\_\_\_

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

3. What do you consider are the Applicant's weaknesses? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Do you know of any of the personal circumstances or conditions which might affect the applicant's performance as a student? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5.

	Outstanding	Very Satisfactory	Satisfactory	Needs Improvement	Poor
Professional Maturity					
Intellectual Capability					
Written Communication Fluency					
Oral Communication Fluency					

6. Please state any additional recommendations you may wish to add about the Applicant. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Recommender : \_\_\_\_\_

Signature of Recommender : \_\_\_\_\_

Title : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

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