



MIRIAM COLLEGE NUVALI
Calamba, Laguna

CONFIDENTIAL

RECOMMENDATION FORM for Student Applicants: To be filled out by the Class Adviser

NAME OF STUDENT _____
Family Name Given Name Middle Name

Name of Last School _____

School Address _____ **Contact Number/s** _____

Grade Level Applying for _____

To the Class Adviser:

The student whose name appears above is applying for admission to MIRIAM COLLEGE NUVALI. Your thorough evaluation will help the Admissions Committee in making final selections for admission. Please feel free to include any pertinent information, as this shall be dealt with utmost confidentiality.

The Applicant's Qualities

Please assess the applicant by checking the appropriate boxes.

	Excellent	Above Average	Average	Below Average	Poor
Ability to learn					
Intellectual capacity					
Ability to work independently					
Ability to work with others					
Communication Skills					
Self-confidence					
Social Relationship					
Leadership Potential					
Self-discipline					

Please circle the words which you feel describe the applicant:

angry	confident	follower	irritable	over-protected	selfish
anxious	conscientious	happy	manipulative	passive	self-disciplined
articulate	disobedient	helpful	motivated	perfectionist	shy
assertive	easily discouraged	honest	negative leader	positive leader	social
cheerful	influential	organized	responsible	vivacious	well-liked

Any other description not included in the above list?

The Applicant's Performance

Total # of students in their **class:** _____

Total # of students in their **batch:** _____

Based on the entire ☐ **class** ☐ **batch** (**put a check mark on the basis for ranking**), the applicant belongs to:

____ Top 10%

____ Upper 25%

____ Middle 50%

____ Lower 25%

1. Has the applicant been involved in any disciplinary cases? If yes, please describe.

2. What do you consider to be the applicant's strengths?

3. In what areas can the applicant improve on?

4. Has the applicant had any family/peer problem(s) that may have had an effect on the student? If yes, please describe.

5. How involved is/are the parent/s of the applicant in their child's education?

___ Always ___ Often ___ Seldom ___ Rarely ___ Never ___ No Chance to Observe

6. How cooperative is/are the parent/s of the applicant in the school's programs and policies?

___ Cooperative ___ Uncooperative ___ No Chance to Observe

7. Other comments and observations concerning the applicant and/or parent/s of the applicant

OVERALL RECOMMENDATION (please check one)

___ Strongly recommended

___ Recommended

___ Recommended with Reservation (please state reason)

___ Not Recommended (please state reason)

How long have you known the applicant? _____

Printed Name and Designation: _____ Signature: _____

Contact Number: _____ Date Signed: _____

Thank you for completing this recommendation form.

*Please return this form in a **sealed envelope with your signature across the flap.***

*Should there be a need for clarification/s, please do not hesitate to reach us via email- mcnadmissions@mc.edu.ph
or through the following contact numbers: +63928-514-7390 or (049) 576-0987*

Please affix the
school's dry seal here