



Colegio de San Juan de Letran Calamba

City of Calamba, Laguna, Philippines • www.lettran-calamba.edu.ph • +63(049)-5455453

Graduate School

RECOMMENDATION FORM FOR STUDENT APPLICANT

Statement of Personal Qualification
(Confidential)

Date: _____

Dear _____:

Greetings!

_____ has applied for admission to the
Colegio de San Juan de Letran Calamba Graduate School (please check and indicate):

DOCTORAL LEVEL

Doctor of Philosophy major in:

- Management
- Information Technology Management
- People Management
- School Management

MASTERAL LEVEL

- Master in Business Administration**

Master in Management (MM) major in:

- Engineering Management (MM-EM)
- Government Management (MM-GM)
- Information Technology Management (MM-ITM)
- People Management (MM-PM)
- School Management (MM-SM)
- Productivity and Quality Management (MM-PQM)

The individual applicant named above has chosen you as academic/employment reference/evaluator.

We shall be pleased if you could accomplish the attached questionnaire to help us better assess his/her capabilities.

Please send this referral form to us through the applicant in a sealed envelope or by mail, fax, or email as indicated below.

Thank you for your honest evaluation of the applicant.

Sincerely,

Dean, Graduate School

Referral Questions:

1. How long have you known the applicant, and as what?

2. How did you know the applicant?

3. Please comment on the applicant’s moral behavior.

4. Please assess (by checking) the applicant’s success for Graduate Studies in:

AREA	OUTSTANDING (5)	VERY GOOD (4)	GOOD (3)	FAIR (2)	POOR (1)
Critical Thinking					
Classroom/ Work Performance					
Diligence Study/ Work Habits					
Interactive Ability					
Oral English Competence					
Leadership Ability					
Research Potential					
Physical Fitness					
Teamwork					

Further Comments:

[] I recommend the admission of the applicant to the Colegio de San Juan de Letran Calamba Graduate School.

[] Considering my total appreciation of the applicant, I do not fully endorse the admission of the applicant to the Colegio de San Juan de Letran Calamba Graduate School.

Printed Name : _____

Position : _____

Signature : _____

Name of Company / Institution / Agency (Address):

Tel. No.(s) _____ Email: _____

Date Received Referral Form: _____ Date Returned: _____

