



Holy Rosary College
Tagapo, Sta. Rosa, Laguna

H.R.C. ADMISSION/TESTING OFFICE

Legal Name: _____
Last First M.I.
(Name in Birth Certificate)

School: _____
School Address: _____
Year & Section: _____

INSTRUCTIONS:

To the Applicant: Write your complete name above. Give this form to your school Principal. Supply him/her with an envelope.

To the Principal: The student whose name appears above is applying to Holy Rosary College of Sta. Rosa, Laguna. It is important that the form be filled out CAREFULLY and COMPLETELY. Please type or print all information legibly. Countersign erasures and corrections made. The form below may be filled out by any person who knows the applicant well and who is presently holding a position of authority over him/her (e.g. Class Adviser, Guidance Counselor, Registrar, Principal). Place accomplished form in the supplied envelope, seal it, and affix your signature across the flap.

RECOMMENDATION FORM

A. GENERAL ASSESSMENT:

CRITERIA		Above Average	Average	Below Average	No Chance to Observe
1. Academic Potential					
2. Communication Skills:	Oral				
	Written				
3. Motivation					
4. Consistency of Performance					
5. Emotional Stability					
6. Character and Attitude					

B. RANK:

Do not omit this.

- Top Ten Upper 25% Upper 50% Lower 50%
- Total Number of Students in Grade/Year Level _____.

C. COMMENTS:

Do not leave this blank. Your honest evaluation of the applicant will help the committee decide on his/her application (e.g. intellectual strengths and weaknesses, level of maturity, sense of service to school and/or community).

D. SUMMARY EVALUATION: (Check one)

- Strongly recommend applicant for admission.
- Recommend applicant for admission.
- Recommend, with reservation, the applicant for admission. The reasons are stated above.
- Do not recommend applicant for admission. The reasons are stated above.

Recommending Person
(Signature over printed name)

Directress/Principal
(Signature over printed name)

Position

Date: _____