

## University of Southeastern Philippines

International Affairs Division

## **RECOMMENDATION FORM FOR FOREIGN STUDENT ADMISSION**

Name of Applicant		Graduate and Undergraduate Degree Program Applied for				
			Applying to Be	gin Studies	in	
Last Name	First Name	Middle Name	Off Semester	1 SEM	2 SEM	SY 20

## I. INSTRUCTIONS:

<u>To the Foreign Student applicant:</u> Please write your name and give this form to any of the following people on the list. Only two (2) recommendations are required. Submit this form in sealed envelope with the recommending person's signature on the flap.

- Principal or Dean
- Student Affairs Director or Guidance Director
- Research/Thesis Adviser
- Immediate Supervisor (if working)

Please note that none of the evaluators should be a relative.

I agree that the recommendation(s) I am requesting shall be held in			Applicant's Signature and
confidence by the officials of the University of Southeastern Philippines			Date
(USeP) and I hereby waive my rights to examine it (them).	YES	NO	

**To the Recommending Person:** The person named above is applying for admission at the University of Southeastern Philippines and has given your name as reference. Your evaluation, along with the materials submitted by the applicant, will help us in evaluating his/her application and would be greatly appreciated. Please return this form to the foreign student applicant in a sealed envelope with your signature on the flap.

- 1. How long have you known the applicant?
- 2. How did you come to know the applicant?

**II. GENERAL EVALUATION:** How would you rate the applicant in terms of the following factors?

Criteria	Exceptional 5	Superior 4	Average 3	Fair 2	Poor 1
1. Intellectual Ability					
2. Motivation					
3. Clarity of Oral Expression					
4. Written Expression					
5. Initiative					
6. Emotional Stability					
7. Leadership Ability					
8. Diligence in Study and Work Habits					
9. Adaptability to New Situation					



Telephone: (082) 227-8192 local 226 Website: www.usep.edu.ph E-mail: international@usep.edu.ph



USeP recognizes that some of its students may have special learning needs (disabilities) or differences that require learning support. Since it is great importance to the University that all its students will be able to work towards the successful completion of their academic requirements, we highly need your assistance in answering the following questions to the best of your knowledge:

1. Does the applicant have any special condition which may affect his/her performance in the University?



2. Do you have any behavioral observation of the applicant that may affect his/her academic performance in the University?



If ve	es, please s	necify		
пуе	es, please s	pecity	 	•

**III. OVERALL IMPRESSION:** Your honest evaluation of the applicant's skills, abilities, personality traits and weaknesses will significantly help the University in its decision for admission. Thank you.



## **IV. RECOMMENDING PERSON'S DETAILS**

Recommending Person's Name	
Signature	
Institution	
Position	
E-mail Address	
Contact Number/s	

Telephone: (082) 227-8192 local 226 Website: www.usep.edu.ph E-mail: international@usep.edu.ph

