

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.

Ī	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.

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					

WE BUILD DREAMS WITHOUT LIMITS

Address: University of Southeastern Philippines Iñigo St., Bo. Obrero, Davao City Philippines 8000

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 s	special condition	which may affect his/her performance in the University?
YES	NO	If yes, please specify
Do you have any behavioral of in the University?	observation of th	ne applicant that may affect his/her academic performance
YES	NO	If yes, please specify
		t evaluation of the applicant's skills, abilities, ifficantly help the University in its decision for
IV. RECOMMENDING PERSON	N'S DETAILS	
Recommending Person's Name		
Signature		
Institution		
Position		
E-mail Address		
Contact Number/s		

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