



RECOMMENDATION FORM

The applicant has named you as a referee in support of an application for graduate studies at the CSWCD, UP Diliman. To assist in the selection process, we would like to receive your views on the applicant's suitability for graduate studies, in particular on his/her capabilities and personal qualities, academic competence, research ability and potential outcomes.

(Please Type or Print All Entries)

PART I. TO BE COMPLETED BY THE APPLICANT:

Name:

_____ (Last) (First) (Middle/Maiden) Degree:
 Term: 1st/2nd semester AY _____

PAR II. TO BE COMPLETED BY THE REFEREE:

Length of time you have known applicant	<input type="checkbox"/> Less than 3 months	<input type="checkbox"/> 3–12 months	<input type="checkbox"/> More than 1–2 years	<input type="checkbox"/> More than 2–5 years	<input type="checkbox"/> More than 5 years
In what capacity have you known the applicant? (e.g. direct supervisor, adviser, professor, lecturer, peer, etc.)					
How well do you know the applicant?	<input type="checkbox"/> Very well	<input type="checkbox"/> Well enough	<input type="checkbox"/> Not so well	<input type="checkbox"/> Hardly	

Please evaluate the applicant against the following criteria:

	Excellent	Good	Satisfactory	Needs Coaching	No Basis
1. Intellectual ability					
2. Breadth of general knowledge					
3. Critical thinking					
4. Creativity and Imagination					
5. Academic Honesty and Integrity					
6. Leadership and Initiative					
7. Ability to work with others/Teamwork					
8. Psycho-emotional Maturity					
9. Interpersonal relations					
10. Capacity for research work					
11. Perseverance and Diligence					
12. Ability to express self orally					
13. Ability to express self in writing					
14. Potential as development practitioner					

We would appreciate your assessment of the applicant’s over-all potential and readiness for graduate studies, informing us how well you think s/he would do as a graduate student carrying on advanced study in his/her chosen academic discipline.

Do you recommend acceptance of this applicant to the graduate program?

Yes
 Yes with reservation
 Not sure
 No

Referee’s details			
Printed name			
Name and Address of Employer/ Organization			
Position		Phone #	
Email			
Referee’s declaration and signature			
I declare that the information in this recommendation is true and correct.			
Signature			Date
<i>Thank you for assisting the CSWCD in identifying potential graduate students.</i>			

CONFIDENTIAL: DO NOT RETURN TO APPLICANT

Please email to srocsxcd@gmail.com or put in a sealed envelope duly signed by referee on the flap and send directly to:

**CSWCD Committee on Student Academic Welfare (CSAW)
 THE ADMISSIONS AND SCHOLARSHIPS COMMITTEE (ASC)
 c/o STUDENT RECORDS OFFICE
 COLLEGE OF SOCIAL WORK AND COMMUNITY DEVELOPMENT (CSWCD) UNIVERSITY OF
 THE PHILIPPINES, DILIMAN, QUEZON CITY 1101**