



# Assumption College of Davao

Admission, Promotion and Scholarship Office

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## RECOMMENDATION FORM

**For the Applicant:** Fill in the space for the information needed. Give this form to your *Guidance Counselor* or *Class Adviser*. Provide him/her with an envelope.

Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
(Last Name) (First Name) (Middle Name)	Grade Level:	
Name of School:		
School Address:		

**For the Guidance Counselor or Class Adviser:** You are kindly requested to accomplish this form carefully and completely for your student who is applying for admission to the Assumption College of Davao.

Please **type** or **print all** information and **initial** all erasures and corrections made.

Please **check** accordingly.

	UN		Mod			VS	
	1	2	3	4	5	6	7
<b>Attitude Toward School Work</b>							
1. Diligence							
2. Discipline							
3. Participation							
4. Attendance							
5. Punctuality							
<b>Interpersonal Relationship</b>							
1. Respect for Others							
2. Cooperation							
3. Leadership							

**Legend:** UN - Unsatisfactory Mod - Moderate VS - Very Satisfactory

Has the applicant been subjected to any disciplinary action? [ ] Yes [ ] No

Has the applicant been referred to the guidance office? [ ] Yes [ ] No

We encourage additional comments.

### Over-all Recommendation:

- ☐ I strongly recommend the applicant for admission.
- ☐ I recommend the applicant for admission.
- ☐ I recommend with some reservation the applicant for admission.
- ☐ I do not recommend the applicant for admission.

Signature over Printed Name of Evaluator

Date

Position

Please put this form in an envelope, **seal and sign** across the flap.  
Envelopes which are **unsealed and unsigned** will not be honored.