

Loyola SchoolsOFFICE OF THE ASSOCIATE DEAN FOR GRADUATE PROGRAMS

5. Initiative

6. Emotional Stability7. Leadership Ability

8. Diligence in Study and Work Habits

Telefax No. (63 2) 426-5937 Telephone No. (63 2) 426-6001 local 5142 E-mail: gradadmissions.adgp.ls@ateneo.edu

RECOMMENDATION FOR GRADUATE ADMISSION

Name of Applicant						Graduate Degree Program Applied for						
					Applying to Begin Studies in							
	Last Name	First Name	Middle Name		Inter	session	1	2	Sem S	Y 20 20		
To the	<u>applicant:</u> Please s	ubmit three (3) recomn	<u>nendations.</u>									
• The	The <u>first</u> must be from a former professor, dean, or head of the college or graduate school that you attended. The <u>second</u> must be from your immediate superior or employer where you are currently working. The <u>third</u> may be from a person pre-eminent in your profession, a person holding a responsible position in business or government, or a former immediate superior or employer.											
or grad	uate school. If you h	your three recommends ave been away from so ely, may come from an	chool for some time	or if you	are not							
None o	of the evaluators sho	uld be a relative.										
the flap	by the recommendi	ted to the Office of the ang person together with o contact the persons it	n the rest of the req	uiremen	ts for ap	plying for	gradu	ate s	tudies			
in con	e that the recommen fidence by the officia nereby waive my righ	Yes	No	Applicant's Signature Date								
- Loyola will hel _l your siç 1. 2.	a Schools and has g p us in evaluating his gnature on the flap o How long have you How did you come	rson: The person name iven your name as refective application and we re-mail directly to the tank to know the applicant to the applicant applicant applicant applicant in terms.	erence. Your evalua ould be greatly app Office of the Associ	tion, alor reciated. ate Dear	ng with t Please	he materia return this	als sub s form	bmitte in a	ed by t sealed	he applica I envelope	ant, with	
	CRI	TERIA / RATING	Excellent	Abov	e-Averag	e Avera	ige	F	air	Not Obse	erved	
	1. Intellectual Abili	ty										
	2. Clarity of Oral E	xpression										
	3. Written Express	ion										
	4. Maturity											

4. Please write or type at the back of this form or on a separate sheet your overall impression of the applicant's skills, abilities, and personality traits that will have a direct bearing on the applicant's success in completing the graduate degree program. Thank you.

Recommending Person's Name and Signature	
Institution and Contact Information	