



Last Name

Given Name

Middle Name

Age

Grade/Year Level

Gender

TO THE ADVISER / GUIDANCE COUNSELOR / PRINCIPAL:

The student whose name appears above is studying or has studied in your school and is applying for admission in LA CONSOLACION COLLEGE TANAUAN. It would be most helpful to us if you could provide information about his/her accomplishments and qualifications.

Please seal in an envelope and sign on the flap. Return to the student for submission to our office. An unsealed recommendation will not be accepted.

STUDENT APPLICANT’S RANK

☐ TOP 10

☐ UPPER 20%

☐ MIDDLE 50%

☐ LOWER 25%

APPLICANT’S BEHAVIORAL RECORD

APPLICANT’S PERSONAL QUALITIES

A. STRENGTHS

B. LIMITATIONS (Write any specific circumstances that may affect student’s performance in school, e. g. medical or personal)

ADVISER’S RECOMMENDATION

- ☐ This is an EXCEPTIONAL STUDENT. I very strongly recommend him/her.
- ☐ This is an ABOVE AVERAGE STUDENT. I strongly recommend him/her.
- ☐ This is an AVERAGE STUDENT. He / She possesses potential for GS/HS/SHS work and is therefore recommended without reservation.
- ☐ This is a LOW-AVERAGE STUDENT. He / She possesses potential for GS/HS/SHS work and is therefore recommended with some reservation.
- ☐ I certainly NOT RECOMMEND him / her for admission.

Name of School

School Address

Signature of Adviser/Guidance Counselor/Principal over Printed Name

Date Accomplished