

COLLEGE OF SOCIAL WORK AND COMMUNITY DEVELOPMENT University of the Philippines

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.

research ability and potential		•				Comp	
(Please Type or Print All PART I. TO BE COMPLE		HE APPLIC	ANT:				
Name:							
(Last) Degree:	(First) (Middle/Maiden) Term: 1 st / 2 nd semester AY						
PAR II. TO BE COMPLET	ED BY TH	E REFERE	E:				
Length of time you have known applicant	Less than mont	$\begin{bmatrix} 3 \end{bmatrix} \begin{bmatrix} 3 \\ m \end{bmatrix}$	-12 onths	More than 1–2 years	More than 2–5 years		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?	☐ Very well ☐ Well enough ☐ Not so well ☐ Hardly						
Please evaluate the appli	icant agaiı	nst the follo	owina cr	iteria:			
, ,		Excellent	Good		Needs Coachin		No Basis
Intellectual ability							
2. Breadth of general knowledge							
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							
Interpersonal relations 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	•						

Printed name Name and Address of Employer/ Organization Position Phone # Email Referee's declaration and signature declare that the information in this recommendation is true and correct.	We would appreciate your assessment of the applicant's over-all potential and readiness for graduate studies, informing us how well you think he/she would do as a graduate student carrying on advanced study in his/her chosen academic discipline.							
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 declare that the information in this recommendation is true and correct. Signature Date								
Referee's details Printed name Name and Address of Employer/ Organization Position Phone # Email Referee's declaration and signature declare that the information in this recommendation is true and correct. Signature Date	Do you recommend acce	ptance of this applicant to the graduate prog	ram?					
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	Yes	Yes with reservation Not sure	No					
Name and Address of Employer/ Organization Position Phone # Email Referee's declaration and signature declare that the information in this recommendation is true and correct. Signature Date	Referee's details							
Employer/ Organization Position Phone # Email Referee's declaration and signature I declare that the information in this recommendation is true and correct. Signature Date	Printed name							
Referee's declaration and signature declare that the information in this recommendation is true and correct. Signature Date	Name and Address of Employer/ Organization							
Referee's declaration and signature declare that the information in this recommendation is true and correct. Signature Date	Position	Phone #						
declare that the information in this recommendation is true and correct. Signature Date	Email							
Signature	Referee's declaration and signature							
Date	I declare that the information in this recommendation is true and correct.							
Thank you for assisting the CSWCD in identifying potential graduate students.	Signature		Date					

CONFIDENTIAL: DO NOT RETURN TO APPLICANT

Please email to cswcdsro.upd@up.edu.ph or put in a sealed envelope duly signed by referee on the flap and send directly to:

THE ADMISSIONS AND SCHOLARSHIPS COMMITTEE (ASC)
c/o STUDENT RECORS OFFICE

COLLEGE OF SOCIAL WORK AND COMMUNITY DEVELOPMENT (CSWCD)
UNIVERSITY OF THE PHILIPPINES, DILIMAN, QUEZON CITY 1101