



# ANGELES UNIVERSITY FOUNDATION

Angeles City

## GRADUATE SCHOOL

### RECOMMENDATION FORM

*To be accomplished by a former dean/instructor or former employer/supervisor, and returned in sealed envelope to the AUF Graduate School through the applicant.*

Name of Applicant \_\_\_\_\_

Degree Applied for \_\_\_\_\_

The person named above is applying for admission at the AUF Graduate School. The school would appreciate receiving a report from you about the applicant. To ensure confidentiality, please use the envelope provided by the applicant and sign the flap of the envelope. Thank you.

1. How long and in what capacity have you known the applicant?

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2. What do you think are the applicant's strong points? In what areas he/she needs to improve?

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3. Please comment on the applicant's intellectual strength and the ability to complete the degree applied for.

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OVER-ALL EVALUATION: (please check one)

- I strongly recommend the applicant for admission  
 I recommend the applicant for admission  
 I recommend the applicant w/ reservation

\_\_\_\_\_  
Signature Over Printed Name of Rater

\_\_\_\_\_  
Position

\_\_\_\_\_  
Company/Institution