GS FORM No. 2



## **UNIVERSITY OF THE PHILIPPINES MINDANAO**

P.O. Box 82228 Mintal, Tugbok District, Davao City 8022, Philippines

## **RECOMMENDATION FORM**

**TO THE APPLICANT:** Please give this form to at least two persons whom you are requesting to evaluate you for graduate study.

Name of applicant:								
	Family Name	First Name	Middle Name					
To the Evaluator: Your recommendation will be considered CONFIDENTIAL.  Please return directly to the above address.								
RECOMMENDATION								
How long have you known the applicant and in what capacity?								
( ) As his or her	professor		years					
( ) As his or her	professor research adviser employer / supervisor							
( ) As his of her ( ) Others (plea	se specify)		years years					
			·					
Was the applicant enrolled in any of your classes? If so, in what subject?								
Please describe the applicant's potential for teaching and research.								

Please evaluate the applicant using the following qualifications:

CHARACTERISTIC	Excellent (Upper 10%)	Good (Upper 20%)	Satisfactory (Upper 50%)	Below Average (Lower 50%)	No basis for Judgment
a. Intellectual capacity					
b. Ambition					
c. Potential for success in major field					
d. Emotional maturity					
e. Initiative					
f. Resourcefulness					
g. Responsibility					
h. Carefulness in work					
i. Originality / Ingenuity					
j. Ability to work with others					
k. Ability to adjust to new situations					
Leadership qualities					
m. Written expression skills					
n. Oral expression skills					
o. Overall potential as graduate student					
Please indicate additional inform may not be reflected in his or her					
Your name and address:					
				Signature	
Telephone No. and Mobile Numb	oer			Date	

Thank You for completing this recommendation form.