



# Stella *Maris* College

BASIC EDUCATION DEPARTMENT

891 Cambridge St. Cubao, Quezon City

[www.stellamariscollegeqc.edu.ph](http://www.stellamariscollegeqc.edu.ph)

[www.facebook.com/stellamariscollegequezoncity](https://www.facebook.com/stellamariscollegequezoncity)

☎ 912-45-64 / 912-29-85

## RECOMMENDATION FORM

**To the Applicant:** Complete the information below. Then submit this form along with an envelope to your Class Adviser or Guidance Counselor.

Name: \_\_\_\_\_

Last Name

Given Name

Middle Name

Grade Level applying for: \_\_\_\_\_

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent/Guardian Signature over Printed Name

\_\_\_\_\_  
Date

**To the Class Adviser/Guidance Counselor:** The student whose name appeared above is applying for admission in Stella Maris College. Please fill out the form completely and accurately.

1. Please check the appropriate boxes.

Category	Poor	Below Average	Average	Above Average	Excellent	No Basis
1. Self-Confidence						
2. Self-Concept						
3. Oral Communication Skills						
4. Written Communication Skills						
5. Sense of Responsibility						
6. Sense of Service						
7. Integrity						
8. Leadership Potential						
9. Social and Emotional Adaptability						
10. Study Habits and Attitudes						
11. Conduct						
12. Over-all Intellectual Capacity						

2. Please indicate his/her strengths and weaknesses and in what areas can the applicant improve on?

3. Has the student been subjected to any disciplinary action/s?  Yes  No

If yes, please state the following:

Offense	Penalty	Period Covered

4. Does the applicant have any physical or psychological problem that can affect his/her academic and extra-curricular performance?  Yes  No  
If yes please explain.

5. Class Adviser/Guidance Counselor's Over-all Recommendation  
Please check the appropriate box.

- Strongly Recommended                       Recommended  
 Recommended with reservation               Not Recommended

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Name of person who accomplished this form: \_\_\_\_\_

Designation: \_\_\_\_\_ Signature: \_\_\_\_\_

Tel. No./Mobile No.: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Principal: \_\_\_\_\_ Signature: \_\_\_\_\_

Office Address: \_\_\_\_\_ Tel. No./Mobile No.: \_\_\_\_\_

**Note: After accomplishing this form, kindly return to the student in a sealed envelope with your signature across the seal. Thank you.**

Please affix  
school dry seal here