



PRIVACY NOTICE:

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RECOMMENDATION FOR ADMISSION

The application of the student for admission shall be acted upon only after this form and other required documents shall have been submitted.

2x2 ID Picture

THE APPLICANT:

Name: _____
Family Name First Name Middle Name

ADMISSION REQUEST:

1. Degree Sought: ☐ Master in Community Development (MCD)
☐ Master in Community Health Development (MCHD)
☐ Master in Cooperative Management (MCM)
☐ Master in Development Communication (MDC)
☐ Master in Human Resource Management (MHRM)
☐ Master in Alternative Learning System (MALS)
☐ Master in Urban Management (MUM)
☐ Master of Arts in English as a Second Language (MAESL) by Research
☐ Doctor of Philosophy in Language Education (PhDLE) by Research
2. Semester for which admission is sought:
☐ First ☐ Second Semester, School Year 20__ to 20__

THE RECOMMENDING PROFESSOR/EMPLOYER:

Your recommendation will be considered confidential. Please return this form directly to the above address.

1. How long have you known the applicant and in what capacity?
- | | | |
|--|-----------------------------------|--------------------------------|
| ☐ as professor | ☐ semester | ☐ years |
| ☐ as research adviser | ☐ semester | ☐ years |
| ☐ Others (please specify _____) | ☐ semester | ☐ years |

2. Please describe the applicant’s potential to pursue graduate study with minimal supervision.

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3. Please rate the applicant on each characteristic in comparison with other students with approximately the same experience and training.

Characteristics	Upper 2%	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No basis for judgment
Intellectual capacity							
Desire to achieve ambition							
Potential for success in major field							
Emotional maturity							
Enthusiasm							
Initiative							
Resourcefulness							
Responsibility							
Carefulness in work							
Originality/ingenuity							
Ability to work with others							
Ability to adjust in new situations							
Leadership qualities							
Written expression skills							
Oral expression skills							

4. Please indicate additional information concerning the applicant’s potential as a graduate student that may not be reflected in the transcript of records. Please use additional sheet if necessary.

5. Please indicate the strength of your overall endorsement and your expectation of the performance of the applicant for graduate study.

- ☐ Outstanding (*upper 5%*)
- ☐ Above average (*upper 15%*)
- ☐ Satisfactory (*upper 50%*)
- ☐ Satisfactory with some reservations
- ☐ Marginal
- ☐ Unsatisfactory

ATTESTATION AND CONSENT

“I affirm that I have read and understood all the instructions contained in this form and that the information supplied are true, complete, and accurate. I promise to abide by the rules and regulations of the admission process of Benguet State University. I am aware that any information I have concealed, falsely given and/or withheld is enough basis for the invalidation/cancellation of my request. I have understood the Data privacy Notice above and freely give my consent to the legitimate use of my personal data by the University. Further, that in case it becomes urgently necessary, my submission via online using my personal email address shall serve as my signature.”

Signature over Printed Name

Date

Position/Designation

Contact Number

Email

Thank you for completing the recommendation.

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