LEGAL NAME	LAST NAME	FIRST NAME	MIE	DDLE NAME	
Grade Level, Track, and S	trand				
	ANILA UNIVERSITY	I	Teacher's Recomme	ndation Form	
INSTRUCTIONS					
To the Applicant:	<ul> <li>A. Please write your name above using ink.</li> <li>B. Give this form to your guidance counselor or class adviser who knows you well enough and currently holds a position of authority over you in your present school.</li> <li>D. You understand that the information provided here will be used for evaluation purposes of the Committee on Admission. Hence, it will not be made available to you.</li> </ul>				
To the Person Recommending:	<ul> <li>A. The student whose name appears abo</li> <li>B. We value your candid and honest eval</li> <li>C. After filling out this form, please email</li> <li>D. Countersign erasures and corrections</li> </ul>	uation of this applicant. Based on the filled out form directly to <b>on</b> made. All information will be kep	n your careful judgment, please lineapplications.ls@ateneo.ec	fill out this form completely. I <b>u</b> .	
GENERAL EVALUA	Above Average	Average	Below Average	No Chance To Observe	
Oral					
Writ					
Leadership					
Motivation					
Consistency of Perfo	ormance	······			
Emotional Stability					

## COMMENTS

Your honest evaluation of the applicant will help the Committee on Admission and Aid to decide on his/her application (e.g., intellectual strengths and weaknesses, level of maturity, sense of service to school and community). You may use a separate sheet if needed.

## OVERALL RECOMMENDATION

STRONGLY RECOMMENDED
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- RECOMMENDED
- RECOMMENDED WITH RESERVATION (Please state reason/s on the lines provided above or on a separate sheet if needed.)

NOT RECOMMENDED (Please state reason/s on the lines provided above or on a separate sheet if needed.)

PLEASE DO NOT LEAVE THIS PART BLANK			
Accomplished By:	Official Name of School:		
Signature & Date:			
Position:	Complete Address:		
Subject Taught:			
E-mail Address:	Contact Number/s:		