

LEGAL NAME \_\_\_\_\_ (Name in Birth Certificate)      LAST NAME \_\_\_\_\_      FIRST NAME \_\_\_\_\_      MIDDLE NAME \_\_\_\_\_

Grade Level, Track, and Strand \_\_\_\_\_

**ATENEO DE MANILA UNIVERSITY**  
 LOYOLA SCHOOLS  
 Office of Admission and Aid

**GUIDANCE COUNSELOR'S / CLASS ADVISER'S RECOMMENDATION FORM**

**INSTRUCTIONS**

- To the Applicant:**
- A. Please write your name above **using ink**.
  - 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.
  - 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.
- To the Person Recommending:**
- A. The student whose name appears above is applying to the Loyola Schools of the Ateneo de Manila University.
  - B. We value your candid and honest evaluation of this applicant. Based on your careful judgment, please fill out this form completely.
  - C. After filling out this form, please email the filled out form directly to **onlineapplication.ls@ateneo.edu**.
  - D. Countersign erasures and corrections made. All information will be kept confidential. Thank you for your assistance.

**GENERAL EVALUATION**

*(Please check the box that applies.)*

|                                   | Above Average            | Average                  | Below Average            | No Chance To Observe     |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Communication Skills:</b>      |                          |                          |                          |                          |
| Oral                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Written                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Leadership</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Motivation</b>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Consistency of Performance</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Emotional Stability</b>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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.

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**OVERALL RECOMMENDATION**

- STRONGLY RECOMMENDED
- 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:** \_\_\_\_\_