ST. PAUL UNIVERSITY ILOILO
OFFICE OF THE GUIDANCE SERVICES

CLASS ADVISER'S / COUNSELOR'S RECOMMENDATION

To the Applicant: Please fill in the items enclosed in this section. Type or print your answers.

Name: _____
LAST FIRST MIDDLE

Complete Name of Current / Last School: _____

Complete School Address : _____
Street Municipality or City

_____
Province or Country Zip Code

I understand that I may not read this evaluation and that I will not seek to do either while I am applying or subsequently.

_____ _____
Applicant's Signature Date

After completing this portion, give this form to your class adviser/ counselor. Do not write below this line.

To **the Class Advise/Counselor:** The student whose name appears above is studying or has studied in your school and is applying for admission in St. Paul University Iloilo. Your help in providing us with specific information about him/ her accomplishments and qualification is most welcomed.

Please type or print your responses. Initial all erasures and corrections made. Should the space allotted be insufficient, please feel free to attach additional information that could help us in our evaluation.

A. THE ADVISER'S / COUNSELOR'S ASSESSMENT

1. The Applicant's Profile

CATEGORIES	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT	NO BASIS
Self- Confidence						
Self- Concept						
Emotional Stability						
Interpersonal Skills						
Self-Discipline						
Creativity						
Initiative						
Motivation						
Sense of Responsibility						
Sense of Service						
Leadership Potential						
Over-all Intellectual Capacity						

2. Has the applicant been subjected to any disciplinary action? ☐ Yes ☐ No

If yes, please state the following:

Offense	Penalty	Period Cover
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		

3. Please write down the applicant's strengths and weaknesses and/or specific problems we should be aware of. This information shall be used to facilitate the applicant's adjustment and growth in SPU Iloilo should he/she be granted admission.

_____

_____

B. THE ADVISER'S / COUNSELOR'S RECOMMENDATION

Please check the single appropriate box:

☐ The student is STROMGLY RECOMMENDED

☐ This student is RECOMMENDED

☐ This student is RECOMMENDED WITH RESERVATION due to _____

☐ This student is NOT RECOMMENDED

This report is based on (check the appropriate box/es):

☐ personal observation

☐ student's comments

☐ other observation
please specify _____

☐ teacher's comments

☐ school records

☐ other records
please specify _____

Please review your responses. Make sure they are complete and accurate.

Adviser's / Counselors Name: _____ Signature: _____

Office Address: _____ Date : _____

Please seal this form in an envelope and sign on the flap. Return to the student for submission to our office. An unsealed and unsigned recommendation is not valid and will not be accepted.

Thank you for completing this student's recommendation form. Should there be a need for clarification, please do not hesitate to contact us at:

OFFICE OF THE GUIDANCE SERVICES
St. Paul University Iloilo
General Luna Street, Iloilo City
Tel. No. (033)- 338-10-95 to 75 loc. 1303
FAX No. (033) 336-56-19

All ratings, responses and recommendation in this form and attachments are regarded as confidential.