



ANGELES UNIVERSITY FOUNDATION

2009 Angeles City, Philippines
Tel. Nos.: (63-45) 625-2888 loc. 1707 (Office of Admissions)
(63-45) 626-1236, 625-2888 local 1739 (AUF Integrated School)
Website: www.auf.edu.ph

RECOMMENDATION FORM

Date: _____

Name of Applicant: _____ Sex: _____

School Last Attended: _____ Address: _____

IMPORTANT:

Student-Applicant: This form comes in two (2) copies. Give one copy of this form to your **class adviser** and the other to your **guidance counselor**. Provide each of them a legal size envelope.

Person Recommending: The person named above is applying for admission at Angeles University Foundation. Please accomplish this form carefully and place it in an envelope provided by the student-applicant.
This form is confidential. Please seal and sign the flap of the envelope after accomplishing the form. **Envelopes which are unsealed and unsigned on the flap will not be accepted.** Thank you.

A. How long and in what capacity have you known the applicant? _____

B. What Mental/School Ability Test was given to the applicant? Please specify:
Name of Test _____ **Standard Score** _____ **Verbal Description/Classification** _____

C. Has the applicant been subjected to any of the following for **disciplinary or administrative action**?
Please put an **X** mark on the box for your answer.

	Yes	No
1. Brawling	<input type="checkbox"/>	<input type="checkbox"/>
2. Drinking alcoholic beverages/liquor	<input type="checkbox"/>	<input type="checkbox"/>
3. Gambling in any form in School	<input type="checkbox"/>	<input type="checkbox"/>
4. Vandalism in School	<input type="checkbox"/>	<input type="checkbox"/>
5. Disobedience and disrespect to school authorities	<input type="checkbox"/>	<input type="checkbox"/>
6. Possession and/or use of drugs	<input type="checkbox"/>	<input type="checkbox"/>
7. Self-injurious behavior	<input type="checkbox"/>	<input type="checkbox"/>
8. Suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>
9. Others (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

D. Is/Was he/she affiliated with any non-recognized student organizations such as: fraternity, sorority and the like? Yes _____ No _____

E. Is/Was he/she under any medication/therapy? Yes _____ No _____

If yes, medication/therapy is for treatment of Physical Ailments
 Developmental/Learning Disabilities
 Psychological Problems

F. Overall Recommendation. Please check one:

- I strongly recommend the applicant for admission
- I recommend the applicant for admission
- I recommend the applicant for admission with reservation

Briefly state reason: _____

- I do not recommend the applicant for admission

Briefly state reason: _____

RATED BY: _____ POSITION: _____
Signature Over Printed Name