



## RECOMMENDATION FORM

### STUDENT APPLICATION

LAST NAME  FIRST NAME

SCHOOL  YEARS ATTENDED  TO

SCHOOL ADDRESS

### RECOMMENDATION FORM

#### To the Applicant:

This form should be accomplished by the Guidance Counselor only. Substitute rater is not encouraged. DLSMHSI reserves the right to invalidate the form if found answered by a substitute rater.

#### To the Evaluator:

The above-named person is an applicant for admission to DLSMHSI. Please evaluate the applicant based on his/her character and aptitude. Please return this recommendation form in a sealed envelope with your signature across the flap. This shall be submitted by the applicant to the Lasallian Admission and Scholarship Opportunities of DLSMHSI.

Considering the applicant's character and attitude, your over-all recommendation is (please tick one):

- Strongly Recommended  
Please indicate below exemplary qualities and characteristics of the applicant in Leadership and academics.
- Recommended  
Please explain below.
- Recommended with Reservation  
Please explain below.
- Not Recommended  
Please explain below.

In adherence to the Institute's aim to provide sufficient learning assistance for students with special education needs and/or physical limitations, may we know if the applicant has any special needs we need to consider?  Yes, please explain below.  No

\_\_\_\_\_

Has the applicant been involved in any serious disciplinary case/sanction? If yes, please indicate the offence(s), date(s), and penalty(ies).

\_\_\_\_\_

Based on the above case(s), has the applicant shown any indication of improvement? Please provide necessary details:

\_\_\_\_\_

Guidance Counselor's Signature Over Printed Name \_\_\_\_\_

PLACE SCHOOL DRY SEAL HERE

Note: This form is not valid without the school seal.

Contact Numbers: Landline \_\_\_\_\_ Mobile \_\_\_\_\_

Date Accomplished: \_\_\_\_\_