



DE LA SALLE
MEDICAL AND HEALTH SCIENCES INSTITUTE

DLSMHSI is a CHED Autonomous HEI and an
Associate Member of Asean University Network - Quality Assurance

ACADEMICS
COLLEGE OF MEDICINE

Name of Applicant: _____ **Application Number:** _____

Name of Recommender: _____

Signature of Recommender:

Title/Position: _____

Name of Institution: _____

Telephone Number: _____ **E-mail:** _____

To the Recommender:

The Applicant named above is applying for admission to the College of Medicine program of De La Salle Medical and Health Sciences Institute. We would appreciate if you could give your objective evaluation of the applicant's abilities and potentials for the post-graduate studies. Your input on the applicant's intellectual strength, personality and resiliency would be helpful for our decision. Kindly answer the following questions:

1. How long and in what capacity have you known the applicant?
2. In your own knowledge of the applicant, what are his/her strengths and weaknesses?





3. Do you know of any circumstances / events/ conditions that might affect the applicant's performance as a student?

4. Kindly rate the applicant using the following parameters. Please put a check mark for your rating.

Parameters	5 (Very good)	4 (Good)	3 (Fair)	2 (Poor)	1 (Not Observe)
Professional maturity					
Intellectual capability					
Resiliency					
Communication skills					
Values system					
Study habits					
Coping mechanism					

5. Would you recommend the applicant to be accepted in the Doctor of Medicine program? Why?

