

# AUP Academy

## SENIOR HIGH SCHOOL

P.O Box 1834 Manila

Location Address: Puting Kahoy, Silang, 4118 Cavite



### RECOMMENDATION FORM

NAME OF APPLICANT \_\_\_\_\_

Last Name

First Name

Middle Name

**RECOMMENDER:** This student has applied for Admission to Adventist University of the Philippines Academy-Senior High School. Since applicants are required to have this form on file before admission can be considered, your prompt appraisal will be appreciated. Please bear in mind that Adventist University of the Philippines is a Seventh-Day Adventist Christian school desiring to admit students who wish to live in harmony with the ideals this implies. Please speak frankly in your comments.

PLEASE RATE the applicant in the following areas:

	EXCEPTIONAL	GOOD	FAIR	POOR	NO KNOWLEDGE
<b>ACADEMIC ABILITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHRISTIAN INFLUENCE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COOPERATION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>INTEGRITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MATURITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the applicant use any of the following?

	I DO NOT KNOW	YES	NO	IF "YES" PLS. COMMENT
• <b>ALCOHOL</b>	_____	_____	_____	_____
• <b>DRUGS</b>	_____	_____	_____	_____
• <b>TOBACCO</b>	_____	_____	_____	_____

Please make any additional comments about the applicant: \_\_\_\_\_

**RECOMMENDATION:** In consideration of the above evaluation, do you recommend this applicant to a Christian school?

(Check one of the following)

**Strongly Recommended**     **Recommended**     **Recommended with Reservation**     **Not Recommended**

RECOMMENDER'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

ADDRESS (Number, Street, Village, /Subdivision, Barangay, Town/City, Zip code, Province) \_\_\_\_\_

Please return this recommendation form sealed in an envelope and signed across the flap. The applicant will then submit the sealed envelope to AUP Academy-Senior High School. Thank you very much for your cooperation.

