

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
BIRTHDATE _____ AGE _____ SEX _____ CITIZENSHIP _____
SCHOOL NAME _____
SCHOOL ADDRESS _____

The person name above is applying for admission to Adventist University of the Philippines Academy-Senior High School. The Admission Committee, therefore, asks your cooperation by frankly and carefully evaluate the applicant.

	STRONGLY RECOMMENDED	RECOMMENDED	RECOMMENDED WITH RESERVATION	NOT RECOMMENDED
CHARACTER AND ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where would you rank the applicant among other students in his/her academic level?

	TOP 10	UPPER 25%	MIDDLE 50%	LOWER 25%
SCHOLASTIC RANK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the applicant been subjected to any disciplinary action? ____ Yes ____ No

Does the applicant have special needs/health problems which may help us understand the child better? ____ Yes ____ No

If yes, provide details _____

COMMENTS _____

SIGNATURE _____ **POSITION** _____

NAME _____ **DATE** _____

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.