



UNIVERSITY OF THE PHILIPPINES OPEN UNIVERSITY

Los Baños, Laguna 4031, Philippines

RECOMMENDATION FOR ADMISSION (Postbaccalaureate Program)

TO THE APPLICANT: Please complete Section 1 of the form before forwarding it to your recommender.
The recommendation may be provided by a former professor/adviser or employer/supervisor.

Section 1:

1. Name of Applicant:

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
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2. Degree sought:

3. Proposed major field:	4. Minor field:
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TO THE RECOMMENDER: The individual named above has applied for admission to the UP Open University. Your evaluation of their qualifications will greatly assist us in assessing their application. Please note the your recommendation will be treated with strict confidentiality. Kindly send your recommendation to: Admission Section, Office of the University Registrar, UP Open University, Los Baños, Laguna. Alternatively, it may be emailed to **recommendations@upou.edu.ph** using your institutional email address.

Section 2:

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

- ☐ As his/her professor _____ years
☐ As his/her research adviser _____ years
☐ As his/her employer/supervisor _____ years
☐ Others (*please specify*) _____ years

2. Do you believe that the applicant is prepared for graduate work? Why?

3. Please describe the applicant's potential to pursue graduate work and research.

4. Please rate the applicant based on the following scale:

Characteristics	Excellent	Very Good	Good	Average	Poor	No basis for judgment
Intellectual capacity						
Potential for success in major field						
Emotional stability						
Diligence and resourcefulness						
Responsibility and initiative						
Honesty and integrity						
Originality/Ingenuity						
Leadership and administrative ability						
Analytical and interactive ability						
Written expression skills						
Oral expression skills						

5. Please indicate additional information/remarks concerning the applicant's potential as a graduate student.
(Please use additional sheet if necessary)

6. Please indicate your overall endorsement or assessment of the applicant's potential for graduate study

- | | |
|--|---|
| <input type="checkbox"/> 1.0 Outstanding | <input type="checkbox"/> 3.0 Marginal |
| <input type="checkbox"/> 1.5 Above average | <input type="checkbox"/> 4.0 Unsatisfactory |
| <input type="checkbox"/> 2.0 Satisfactory | <input type="checkbox"/> 5.0 Unqualified |
| <input type="checkbox"/> 2.0 Satisfactory with some reservations | <input type="checkbox"/> Others _____ |

Signature:

Date:

Printed Name:

Position/Title:

Mailing Address: