



ST. THERESA'S COLLEGE, Q.C.

116 D. Tuazon Ave., Brgy. Lourdes,
Quezon City, Philippines, 1114
740- 1802/ 740- 1821
http://www.stcqc.edu.ph

RECOMMENDATION FORM

(to be accomplished by the school administrator, guidance counselor or class adviser)

Name of Student Applicant _____
Last First Middle

School Currently Enrolled in _____

School Address: _____ Contact No. _____

Grade Level Completed in Current School: _____

Academic Achievement: *(Please check.)*

The student applicant's academic rank : ____ Top 10% ____ Top 25% ____ Middle 50% ____ Lower 25%

Total no. of students in the level: _____

Please specify any particular strengths and/or difficulties the student has. _____

Please check the student applicant's most recent performance rating in the following areas:

Department: (a) During Class

Excellent Very Good Good Satisfactory Needs Improvement

(b) Dealing with Classmates Outside Class

Excellent Very Good Good Satisfactory Needs Improvement

Please specify any behavioral concerns about the student that may need teacher's attention. _____

Recommendation:

- Strongly Recommended
- Recommended
- Recommended with Reservation because _____
- Not Recommended because _____

Signature over Printed Name

Position

Date

**Please return this form to the applicant in a sealed envelope, with your signature across the flap.
The applicant will then submit the sealed envelope to STCQC Guidance and Counseling Center.**

Please affix school dry seal here.