

RECOMMENDATION

THE DEAN
Through Channels
GRADUATE STUDIES OFFICE
College of Arts and Letters
University of the Philippines
Diliman, Quezon City 1101

PART I. to be completed by the applicant

Name of Applicant _____ Tel. _____
Address _____ Email _____

Applicant for () MA/ () PhD in _____ Relation to referee _____
Please submit this form to the referee and provide the latter with an envelope addressed as shown above.

PART II. To be completed by the referee

REFERRAL QUESTION	
1) How long have you and in what capacity have you known the applicant?	
2) Describe the applicant's performance, qualities, and potential for graduate studies and research. (Please write/type here or on a separate page with your signature above printed name.)	

Date

Signature above printed name
Position _____
Office Address _____

Tel. _____
E-mail address: _____

Please return this in a sealed envelope (with your signature over the edge of the flap) to the applicant. Only applications with recommendations will be considered. Thank you for your cooperation.