



UNIVERSITY OF THE PHILIPPINES MANILA

National Graduate Office for the Health Sciences

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Ermita, Manila 1000 Philippines

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RECOMMENDATION FORM

NAME OF APPLICANT:

DEGREE PROGRAM:

Sir/Madam:

The above-mentioned applicant of the UPM National Graduate Office for the Health Sciences has asked you to be his/her reference. Please fill up this form according to your best knowledge. A narrative of additional information which you want the UPM NGOHS to know about the applicant may be attached with this form. Place and seal them in an envelope to be mailed or hand carried to the UPM NGOHS. You may also scan the accomplished form and e-mail to upm-ngohs@up.edu.ph

Thank you very much.

Please rate the applicant accordingly.

Attributes	5 Exceptional	4 Superior	3 Average	2 Fair	1 Poor	Cannot Evaluate
1. Intellectual ability						
2. Research capability						
3. Capacity for critical/analytical thinking						
4. Leadership qualities						
5. Motivation for graduate studies						
6. Emotional stability						
7. Study Habits						
8. Teaching potentials						
9. Resourcefulness and creativity						
10. Honesty and integrity						

I recommend the candidate to the UPM NGOHS very strongly strongly.

I do not recommend the candidate to the UPM NGOHS.

Signature	
Printed Name	
Institution	
Position/Rank/Title	
Address	
Total number of years you have known the applicant	
In what capacity	<input type="checkbox"/> Professor <input type="checkbox"/> Supervisor/Employer <input type="checkbox"/> Others, specify
Date accomplished	