



UNIVERSITY OF SANTO TOMAS THE GRADUATE SCHOOL

THOMAS AQUINAS RESEARCH COMPLEX
ESPAÑA, MANILA, PHILIPPINES

REFERRAL FORM

http://graduateschool.ust.edu.ph
graduateschool@ust.edu.ph
(+632) 731-5396; (+632) 406-1611 loc 8247

* Form is subject for verification; falsification will result to automatic cancellation of application.

Dear (Mr/Mrs): _____

Date (MM/DD/YYYY): ____/____/____

Greetings!

The Applicant named below has chosen you as an academic/employment reference/evaluator. We shall be pleased if you could accomplish the questionnaire below to help us better assess the capabilities of the applicant.

The applicant is permitted to handcarry the accomplished evaluation in a sealed and signed envelope.

We sincerely thank you for your honest assessment of the applicant.

Applicant's Name: _____

Degree Program: _____

REFERRAL QUESTIONS

1) How long have you known the applicant?	_____
2) How did you come to know the applicant?	_____
3) Please comment on the applicant's moral behavior.	_____

4) Please assess (by checking) the applicant in terms of:

Area	Outstanding (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom / Work Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study and Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written English Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral English Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FURTHER COMMENTS

- I recommend the admission of the applicant to the UST Graduate School.
- I do not recommend the admission of the applicant to the UST Graduate School.

Evaluator's Printed Name _____

Tel. No./Fax/Mobile (for verification purposes) _____

Position _____

E-mail _____

Name of Institution/Company _____

Date referral form was received _____

Date referral form was returned _____

Address _____

Signature _____

