# UNIVERSITY OF SANTO TOMAS
# THE GRADUATE SCHOOL

THOMAS AQUINAS RESEARCH COMPLEX
ESPAÑA, MANILA, PHILIPPINES

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## REFERRAL FORM

* 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. This form is CONFIDENTIAL and must not be returned to the applicant. Kindly send PDF file of the completed form directly to graduate-school.admission@ust.edu.ph. 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 | ☐ | ☐ | ☐ | ☐ | ☐ |
| Classroom / Work Performance | ☐ | ☐ | ☐ | ☐ | ☐ |
| Study and Work Habits | ☐ | ☐ | ☐ | ☐ | ☐ |
| Interpersonal Skills | ☐ | ☐ | ☐ | ☐ | ☐ |
| Written English Competence | ☐ | ☐ | ☐ | ☐ | ☐ |
| Oral English Competence | ☐ | ☐ | ☐ | ☐ | ☐ |
| Leadership Ability | ☐ | ☐ | ☐ | ☐ | ☐ |
| Research Potential | ☐ | ☐ | ☐ | ☐ | ☐ |
| Physical Fitness | ☐ | ☐ | ☐ | ☐ | ☐ |

## 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 _____

Position _____

Name of Institution/Company _____

Address _____

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

E-mail _____

Date referral form was received _____

Date referral form was returned _____

Signature _____

web copy