



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	<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

