



UNIVERSITY OF SANTO TOMAS
THE GRADUATE SCHOOL

THOMAS AQUINAS RESEARCH COMPLEX
ESPAÑA MANILA, PHILIPPINES

REFERRAL FORM (GS WEBCOPY)

Statement of Personal Qualification (Recommendation Confidential)

* 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, for obvious reasons, is not permitted to handcarry the accomplished evaluation. Upon accomplishment, please send this referral form to us by whatever means (by mail, fax or E-mail)

- postal mail - DEANS OFFICE, UST GRADUATE SCHOOL, España, Manila Philippines
- fax - (+632) 740-97-32
- email as PDF or scanned image (JPEG) attachment to odgs@mnl.ust.edu.ph We thank you and highly appreciate your honest remarks.

Applicant name:

Degree Program/Course:

REFERRAL QUESTION

1) How long have you known the applicant?	<input type="text"/>
2) How did you come to know the applicant?	<input type="text"/>
3) Please comment on the applicant's moral behavior.	<input type="text"/>

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"/>
Diligence Study / 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

Evaluator Printed Name	Tel. No./Fax/Mobile (for verification purposes)	
<input type="text"/>	<input type="text"/>	
Position	E-mail	
<input type="text"/>	<input type="text"/>	
Name of Institution/Company	Date received referral form	Date returned referral form
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Signature	
<input type="text"/>	<input type="text"/>	

