



菲律賓基督教靈惠學院  
**Grace Christian College**  
 Grace Village, Sto. Domingo St., Quezon City  
 (Formerly Grace Christian High School)



**LETTER OF RECOMMENDATION**

NAME OF STUDENT APPLICANT (LAST, FIRST, M.I.)

EMAIL ADDRESS

ADDRESS: UNIT / STREET / BARANGAY

CITY / REGION

POSTAL CODE

**To the Applicant:**

Please print your name, address, and e-mail address above and present this form to your Class Adviser / Teacher / Guidance Counselor. If you feel there is no one who knows you well enough in this context to complete the form, please email a letter of explanation to the Admissions Office through [college@grace.gcc.edu.ph](mailto:college@grace.gcc.edu.ph).

**To the Evaluator:**

This recommendation will be used solely for evaluation of the applicant for admission to Grace Christian College. Since all admissions files are held in strict confidence, we would appreciate your open and forthright comments on each question. Email the completed form to [college@grace.gcc.edu.ph](mailto:college@grace.gcc.edu.ph) with Subject: "Letter of Recommendation - <Name of Applicant>". Please do not return it to the applicant. Thank you for your cooperation.

1. How well do you know the applicant?       Very well     Well     Minimally
  
2. How long have you known the applicant? \_\_\_\_\_
  
3. What is your relationship with the applicant? \_\_\_\_\_
  
4. What are the significant strengths and abilities of the applicant?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. Does the applicant have any weakness that may affect his performance in college? If yes, please specify.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
6. Does the applicant have any physical condition that may affect his performance in college? If yes, please specify.  
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 \_\_\_\_\_  
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7. Do you have any behavioral observation on the applicant that may affect his performance in college?  
If yes, please specify.

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8. Rating: Compared to other college-bound students that you have known, mentored, or counseled, how do you compare this student in terms of the following criteria? Please check one box for each criteria.

<b>a. LEADERSHIP</b>	<input type="checkbox"/> No Opportunity to Observe	<input type="checkbox"/> Makes No Effort to Lead	<input type="checkbox"/> Tries but Lacks Ability	<input type="checkbox"/> Leads Occasionally	<input type="checkbox"/> Has Some Leadership Promise	<input type="checkbox"/> Unusual Ability to Lead
<b>b. SOCIAL</b>	<input type="checkbox"/> No Opportunity to Observe	<input type="checkbox"/> Avoided	<input type="checkbox"/> Tolerated	<input type="checkbox"/> Accepted	<input type="checkbox"/> Well-Liked	<input type="checkbox"/> Sought Out by Others
<b>c. JUDGMENT AND COMMON SENSE</b>	<input type="checkbox"/> No Opportunity to Observe	<input type="checkbox"/> Lacks Ability	<input type="checkbox"/> Poor Judgment	<input type="checkbox"/> Fair Judgment	<input type="checkbox"/> Shows Discernment	<input type="checkbox"/> Demonstrates Excellent Foresight
<b>d. RESPECT FOR AUTHORITY</b>	<input type="checkbox"/> No Opportunity to Observe	<input type="checkbox"/> Disrespectful	<input type="checkbox"/> Critical	<input type="checkbox"/> Respectful	<input type="checkbox"/> Shows Respect to Others	<input type="checkbox"/> Honors Those in Authority
<b>e. RESPONSIBILITY</b>	<input type="checkbox"/> No Opportunity to Observe	<input type="checkbox"/> Needs Constant Supervision	<input type="checkbox"/> Succeeds if Told what to Do	<input type="checkbox"/> Does Ordinary Tasks	<input type="checkbox"/> Resourceful and Effective	<input type="checkbox"/> Self-Reliant
<b>f. SPIRITUAL MOTIVATION</b>	<input type="checkbox"/> No Opportunity to Observe	<input type="checkbox"/> Makes No Profession	<input type="checkbox"/> Inconsistent Attitudes & Practices	<input type="checkbox"/> Nominal	<input type="checkbox"/> Shows Growth	<input type="checkbox"/> Good Moral and Spiritual Standards
<b>g. MATURITY</b>	<input type="checkbox"/> No Opportunity to Observe	<input type="checkbox"/> Immature	<input type="checkbox"/> Dependent	<input type="checkbox"/> Average	<input type="checkbox"/> Independent	<input type="checkbox"/> Very Mature
<b>h. ADAPTABILITY TO NEW SITUATIONS</b>	<input type="checkbox"/> No Opportunity to Observe	<input type="checkbox"/> Rigid	<input type="checkbox"/> Attempts to Adapt	<input type="checkbox"/> Average	<input type="checkbox"/> Adjusts Easily	<input type="checkbox"/> Very Versatile and Resilient

9. Do you recommend this applicant for admission to Grace Christian College?

- Highly recommended                       Recommended with reservations  
 Recommended                                       Not recommended

10. Please use the space below to write anything you think is important for Grace Christian College to know about the applicant.

(If additional space is needed, or you prefer to write a formal letter of recommendation, please attach a separate sheet to this form).

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NAME OF EVALUATOR: \_\_\_\_\_ DATE & SIGNATURE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ POSITION: \_\_\_\_\_