DEPARTMENT OF PSYCHOLOGY
College of Social Sciences and Philosophy
University of the Philippines
Diliman, Quezon City
Tel. No. 928-2728

UPDDP Graduate Program Recommendation Form

Academic Year 2019-2020

Note: This recommendation Form should be placed in a sealed envelope with signature and addressed to:

The Chairperson
Department of Psychology, College of Social Sciences and Philosophy
University of the Philippines, Diliman, Quezon City

Please use block letters

1) Name of Applicant _____
Last Name Given Name Middle Name

2) How long have you known the applicant

3) Using the scale provided below, please rate the applicant on the qualities listed:
(Check appropriate rating: 1 = Poor, 5 = Outstanding

	Poor ----------Outstanding				
	1	**2**	**3**	**4**	**5**
Intellectual Ability	☐	☐	☐	☐	☐
Ability to think critically/analytically	☐	☐	☐	☐	☐
Commitment and seriousness of purpose	☐	☐	☐	☐	☐
Ability to work independently	☐	☐	☐	☐	☐
Ability to respond to feedback	☐	☐	☐	☐	☐
Punctuality and efficiency in carrying out assignments	☐	☐	☐	☐	☐
Ability for self-expression (oral)	☐	☐	☐	☐	☐
Ability for self-expression (written)	☐	☐	☐	☐	☐

4) Using a separate sheet, please comment briefly on your assessment of the applicant, include statements about the applicant's 1) record (academic/employment), 2) preparedness, potential for completing the degree applied for, 3) strengths, weaknesses and other personal qualities that you think would be helpful to the Admissions Committee in evaluating this application.

Recommended by: _____

Institution: _____ Position: _____

Contact No. : _____ Email: _____

_____
Signature over Printed Name/Date signed