



Treston International College
 University Parkway District
 32nd Street corner C-5 Road
 Bonifacio Global City
 Taguig, Metro Manila

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 Trunk Line: (632) 819-6180 / 459-7400
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RECOMMENDATION FOR ADMISSION

From the Guidance Counselor / Principal's Office

Name of the Applicant: _____
Last Name First Name Middle Name

Year & Section: _____

Name of School: _____ School Address: _____

INSTRUCTIONS:

To the Applicant: Fill out the information needed above, and give this to your Guidance Counselor.

To the Principal: The student whose name appears above is applying to be a student of Treston International College. May we request you to please fill out the questions below with your honest evaluation of the applicant. Thank you.

GENERAL EVALUATION:

Please assess the applicant's qualities written below. Please put a mark on each given characteristics.

	Above Average	Average	Below Average	Poor		Above Average	Average	Below Average	Poor
Communication Skills: Oral					Leadership				
Written					Emotional Ability				
Intellectual Ability					Motivation				

COMMENTS:

1. What do you think are the applicant's strengths and weaknesses?

2. Does the applicant have any serious health problems (physical or psychological) that may hinder his/her academic and extra-curricular performance?

3. Does the applicant have any serious school offense? If so, what is the nature of the said offense?

4. Did the applicant repeat a year level?

_____ Yes (if yes please indicate the year level & reason)

_____ No

5. Do you recommend the applicant for admissions to Treston International College?

_____ Strongly Recommend

_____ Recommended

_____ Not Recommended

Please affix school dry seal here

 Guidance Counselor's / Principal's Signature Over Printed Name

Date: _____