



San Beda College Alabang

Don Manolo Blvd., Alabang Hills Village,
Alabang, 1770 Muntinlupa City
Tel. No.: 809-7047; 236-7222 loc.1080/2310
Website: www.sanbeda-alabang.edu.ph
ADMISSIONS AND TESTING CENTER

NAME OF APPLICANT AS STATED IN BIRTH CERTIFICATE

LAST NAME

FIRST NAME

MIDDLE NAME

GENDER Male Female

STUDENT ACADEMIC AND DISCIPLINE APPRAISAL - SOL

NAME OF PERSON MAKING RECOMMENDATION _____

INSTITUTION _____

INSTRUCTIONS

To the applicant: Please complete the information needed above and give this form to a former professor, guidance counselor or discipline head of the institution from which you obtained your undergraduate degree, parish priest, or any person of authority who knows you well enough to fill this form out in a manner that will assist the admissions committee. Provide him/her with white envelope addressed to Admissions and Testing Center, San Beda College Alabang, Alabang Hills Village, Muntinlupa City.

To the person filling out this form: The above applicant is seeking admission at San Beda College Alabang School of Law. Please provide us with relevant information and honest evaluation about his/her potentials, capabilities and traits helpful for Law studies. Your appraisal of the applicant's intellectual capacities and moral fitness would be helpful in our screening process. Rest assured that all information will be held in confidence.

EVALUATION

	Excellent	Above Average	Average	Below Average	No basis for judgment
Intellectual Curiosity					
Integrity					
Emotional Maturity					
Leadership Ability					
Motivation to Pursue Law Studies					
Social Consciousness					
Resiliency					

How long have you known the applicant? _____ In what capacity? _____

If possible, please indicate the applicant's rank in classes taken from you. He/she belongs to the (Please tick one):

Top 10% Top 25% Top 50% Middle 50% Bottom 50% Bottom 25% Bottom 10%

To your knowledge, has the applicant been involved in any criminal, administrative or disciplinary proceedings? () YES () NO If yes, please indicate the nature of proceedings and applicant's involvement therein.

Please share with us your appraisal of the applicant's qualifications, intellectual ability, limitations, physical condition and/or any circumstances that may give us added insight to the strengths and weaknesses of this applicant. (Please use the back page if needed)

OVERALL RECOMMENDATION

Please check the appropriate box

Highly recommended FOR ADMISSION

Recommended FOR ADMISSION

Not Recommended FOR ADMISSION due to: _____

(Please provide separate sheet if needed)

Please do not leave this part blank

NAME: _____ SUBJECT/S TAUGHT: _____

POSITION/DESIGNATION: _____ CONTACT NUMBERS: _____

SIGNATURE: _____ DATE: _____