



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

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 Trunk Line: +63 2 8459 7400  
 Direct Lines: +63 2 8459 7411 or 7412 / 8819-6183

# 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: \_\_\_\_\_