RECOMMENDATION FORM*
IN SUPPORT OF APPLICATION TO A GRADUATE PROGRAM

TO BE COMPLETED BY APPLICANT (PLEASE TYPE OR PRINT)

Name Ms/Mr. _______________________________________________________________________

Degree Program Applied For: □ Master of Music (MM) Major: ________________
□ Doctor of Philosophy in Music (Ph.D.)

Proposed Start of Graduate Study: ( ) 1st Semester ( ) 2nd Semester AY ___________

(TO BE COMPLETED BY THE PERSON WHO RECOMMENDS)

The person named above has applied for admission to a graduate program in the College of Music, University of the Philippines, Diliman, Quezon City. The College Graduate Office would appreciate your evaluation of the applicant’s ability to undertake graduate study and research and his/her potential for a successful career in his/her desired field of specialization. All information you give about the applicant shall be held in strict confidence.

How long have you known the applicant? _______ months _______ years

In what capacity have you known the applicant?
As his/her _______ division/dept./school head _______ research supervisor
________ teacher in several classes _______ supervisor/employer
________ teacher in one class _______ others (specify)

If the applicant was a student in some of your classes, what were these subjects?
________________________________________________________________________
________________________________________________________________________

Do you feel the applicant is ready and qualified for graduate study at this time? Why?
________________________________________________________________________
________________________________________________________________________

What do you consider as the applicant’s outstanding talents or strengths in relation to graduate study?
________________________________________________________________________

*may be photocopied

UPD-GPMu Form No. 2
What do you consider as his/her weaknesses or deficiencies in relation to graduate study?


In your opinion, what are the applicant’s chances of completing the graduate program applied for?


Please rate the applicant on the following characteristics in comparison with other students in the same discipline who are known to you and who have had more or less the same amount of training and experience representation. (Indicate size of group with which applicant is being compared _________________________
And its educational level______________________)
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<th></th>
<th>Excellent (Top 10%)</th>
<th>Very Good (Top 11-20%)</th>
<th>Good (Top 21-30%)</th>
<th>Satisfactory (Top 31-50%)</th>
<th>Below Average (Lower 50%)</th>
<th>Inadequate Basis for Judgment</th>
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<tbody>
<tr>
<td>11. Oral communication skills</td>
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<td>12. Written communication skills</td>
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<td>13. Emotional Maturity</td>
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<td>14. Confidence and self-esteem</td>
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<td>15. Potential as a performing Artist</td>
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<td>16. Potential as a researcher in the discipline</td>
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<td>17. Potential as a teacher in the discipline</td>
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Additional information and comments about the applicant: __________________________________________
________________________________________________________________________________________

I therefore ____________________________________________________________________________ strongly recommend
_______________________________________________________________________________________
recommend
_____________________________________________________________________________________
recommend with reservations
_____________________________________________________________________________________
do not recommend
_____________________________________________________________________________________
the applicant for admission into his/her desired graduate degree program in your College.

**IMPORTANT:**  **DO NOT RETURN COMPLETED FORM TO APPLICANT. PLEASE MAIL DIRECTLY TO:**
The Graduate Program Office
COLLEGE OF MUSIC
UNIVERSITY OF THE PHILIPPINES
Diliman, Quezon City 1101
Philippines

PRINTED NAME: ____________________________________________

SIGNATURE: ____________________________________________

POSITION: ____________________________________________

NAME AND ADDRESS OF INSTITUTION/ORGANIZATION: ________________

DATE: ________________