

The Graduate Program Office  
**COLLEGE OF MUSIC**  
**UNIVERSITY OF THE PHILIPPINES**  
Diliman, Quezon City 1101  
Philippines

**RECOMMENDATION FORM\***  
IN SUPPORT OF APPLICATION TO A GRADUATE PROGRAM

TO BE COMPLETED BY APPLICANT (PLEASE TYPE OR PRINT)

Name: \_\_\_\_\_

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

Proposed Start of Graduate Study:  1<sup>st</sup> Semester  2<sup>nd</sup> 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 | <input type="checkbox"/> | division/dept./school head | <input type="checkbox"/> | research supervisor    |
|            | <input type="checkbox"/> | teacher in several classes | <input type="checkbox"/> | supervisor/employer    |
|            | <input type="checkbox"/> | teacher in one class       | <input type="checkbox"/> | 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?

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What do you consider as his/her weaknesses or deficiencies in relation to graduate study?

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

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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 \_\_\_\_\_)

	Excellent (Top 10%)	Very Good (Top 11-20%)	Good (Top 21-30%)	Satisfactory (Top 31-50%)	Below Average (Lower 50%)	Inadequate Basis for Judgment
1. Intellectual Ability						
2. Academic preparation for proposed field of study						
3. Motivated for proposed field of study						
4. Originality, creativity, and imagination						
5. Analytical and problem-solving ability						
6. Meticulousness/attention to detail						
7. Initiative and independence						
8. Honesty and integrity						
9. Conscientiousness and Responsibility						
10. Ability to work with others						

	Excellent (Top 10%)	Very Good (Top 11-20%)	Good (Top 21-30%)	Satisfactory (Top 31-50%)	Below Average (Lower 50%)	Inadequate Basis for Judgment
11. Oral communication skills						
12. Written communication skills						
13. Emotional Maturity						
14. Confidence and self-esteem						
15. Potential as a performing Artist						
16. Potential as a researcher in the discipline						
17. Potential as a teacher in the discipline						

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 EMAIL DIRECTLY TO:**

Dr. Maria Christine Muyco  
Graduate Program Coordinator  
email: mmmuyco1@up.edu.ph

and CC to

Ms. Shirley Sison  
Graduate Program Office Assistant  
email: sdsison@up.edu.ph

PRINTED NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

CONTACT NUMBERS/EMAIL: \_\_\_\_\_

NAME AND ADDRESS OF INSTITUTION/ORGANIZATION: \_\_\_\_\_

DATE: \_\_\_\_\_