



57th Silliman University National Writers Workshop
 RECOMMENDATION FORM

TO THE RECOMMENDER, PLEASE ACCOMPLISH THIS FORM AND GIVE BACK TO THE APPLICANT IN A SIGNED AND SEALED LONG-SIZED WHITE ENVELOPE. PLEASE WRITE IN PRINT.

1. NAME OF APPLICANT (SURNAME FIRST): _____

2. YOUR ASSESSMENT OF THE APPLICANT WILL HELP US IN OUR EVALUATION OF HIS/HER APPLICATION. Please rate him/her by checking the appropriate box on the following characteristics:

AREAS	EXCELLENT	GOOD	FAIR	POOR	COMMENTS
Writing Skill					
Response to Criticism					
Sociability					
Physical Health					
Mental Health					

3. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

4. HOW WELL DO YOU KNOW THE APPLICANT? _____

5. IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____

6. ANY OTHER COMMENTS ABOUT THE APPLICANT?

NAME OF RECOMMENDER: _____

POSITION: _____ ORGANIZATION: _____

ADDRESS: _____

CELLPHONE NUMBER: _____ EMAIL: _____

SIGNATURE OF RECOMMENDEE: