



UNIVERSITY OF THE PHILIPPINES
BAGUIO
 Baguio City

REFERENCE REPORT

**(The applicant should accomplish this section.)*

FAMILY NAME	FIRST NAME	MIDDLE NAME

is applying for admission to the

Graduate Program in the field of _____.

NAME OF REFERENCE (Please Print): _____
 POSITION, PROFESSION or OCCUPATION: _____
 PROFESSIONAL ADDRESS: _____

Send this form to the person for whom this is requested, together with a self-stamped envelope addressed to:
 The Office of the Chair, (*Name of Graduate Program*) UP Baguio, 2600 Baguio City.

**(The reference is requested to return to the applicant the completed section in a sealed envelope.)*

Your objective estimate of the applicant's personality and aptitude for graduate work and his/her career potential on the following will be appreciated. (Please check)

Student's Characteristics	Exceptional	Outstanding	Superior	Average	Below Average	No Basis for Judgment
Intellectual Ability						
Breadth of General Knowledge						
Ability to Express Self in Writing						
Ability to Express Self Orally						
Perseverance						
Emotional Maturity						
Professional Attitudes						
Potential for Research						

How long have you known the applicant? _____

In what capacity? _____

Please Check: ☐ I strongly recommend the applicant
☐ I recommend the applicant with reservations
☐ I do not recommend the applicant.

USE REVERSE SIDE FOR ADDITIONAL REMARKS, if necessary.

 DATE

 SIGNATURE