Republic of the Philippines Mindanao State University-Iligan Institute of Technology SCHOOL OF GRADUATE STUDIES

Ground Floor, CSM Bldg., Andres Bonifacio Avenue, Tibanga, 9200 Iligan City Tel.: (063) 221-4050 Local 138 Tel./Fax: (063) 223-2345 Website: http://csm.msuiit.edu.ph/sgs(Updated Feb., 2008)

RECOMMENDATION FORM FOR ADMISSION TO A GRADUATE PROGRAM

Name: Mr./Ms					
Last Name		F	irst Name	Middle/Mai	den
	Name				
Degree Sought:_			Major:		
[]1s	st Sem [] 2nd Sem [] Summer Academic Year:				
How long have ye	ou known the appl	icant?	years		
In what capacity	have you known th	ne applican	t?		
He/She ranked_	•	in my	class of		
		studer	nts.		
in his/her class of	applicant on the follor or other persons you ents. Your evaluati	ou have kn	own. You may ι	use the back of t	
Basis for	Excellent	Good	Satisfactory	Average	No