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

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					
	ast Name	F	irst Name	Middle/Maid	den
1	Name				
Degree Sought:	Major:	Major:			
Degree Sought:Major: [] 1st Sem					-
How long have you	known the applic	ant?	years		
In what capacity ha	ve you known the	applican	t?		
He/She ranked	•	in my (class of		
		studer	nts.		
Please rate the app in his/her class or a additional commen	other persons you	have kn	own. You may ι	ise the back of t	
Basis for	Excellent	Good	Satisfactory	Average	No