UP Diliman Visual Arts and Cultural Studies Scholarship Program

**RECOMMENDATION FORM**

**To: The CHANCELLOR**

 **University of the Philippines Diliman**

 **Quezon City 1101**

**Through: The OFFICE FOR INITIATIVES IN CULTURE AND THE ARTS**

 **University of the Philippines Diliman**

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| **I. To be accomplished by the applicant****ABOUT THE APPLICANT**  |
| Name: |  |
| Student Number: |  |
| Degree Program: |  |
| College/School: |  |

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| **II. To be accomplished by the referee****REFERRAL QUESTIONS** *Please provide the requested information in the adjacent cells.* |
| How long and in what capacity have you known the applicant? |  |
| Describe the applicant’s capabilities, performance, qualities, and potential to be an exemplary artist or scholar. |  |
| Provide any additional information about the applicant that you feel are important. |  |

 **RECOMMENDATION FOR SCHOLARSHIP**

 *Please put an* ***X*** *mark to your recommendation.*

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|  | I highly recommend this applicant. |
|  | I recommend this applicant. |
|  | I recommend this applicant, but with some reservations. |
|  | I am not able to recommend this applicant |

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| **ACCOMPLISHED BY:** |
| Name: |  |
| Title/Position: |  |
| College/Affiliation: |  |
| Email Address: |  |
| Telephone/Mobile Number: |  |
| Signature: |  |
| Date Signed: |  |

**Upon completion, please submit the recommendation form through this link:** [**https://bit.ly/UPDVACSSPRecommendations**](https://docs.google.com/forms/d/e/1FAIpQLScnYLPhVfJslvTMK75UmKvJzi4kjKOcc9hAURfdb4H15FxRWg/viewform?pli=1)