UP Diliman Creative/Critical Thesis Grant in the Arts,  
Culture, and the Humanities

**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: |  | |
| Degree Level (undergraduate, master's, or doctoral): | |  |
| College/School: |  | |

|  |  |
| --- | --- |
| **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 to consider. |  |

**GENERAL RECOMMENDATION**

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

|  |  |
| --- | --- |
|  | I highly recommend this applicant to receive the grant. |
|  | I recommend this applicant to receive the grant. |
|  | I recommend this applicant to receive the grant, but with some reservations. |
|  | I do not recommend this applicant to receive the grant. |

|  |  |
| --- | --- |
| **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/CCTGACHEvalRecom**](https://bit.ly/CCTGACHEvalRecom)