



TECHNOLOGY MANAGEMENT CENTER
UNIVERSITY OF THE
PHILIPPINES-DILIMAN
DOST-ASTI Cmpd., C.P. Garcia Avenue
UP Diliman, Quezon City, 1101 Philippines
Tel. Nos.: 89818500 loc. 3881



RECOMMENDATION FORM

MASTER OF TECHNOLOGY MANAGEMENT PROGRAM

TO BE COMPLETED BY APPLICANT:

Name of Applicant: Mr./Ms. _____
(Last) (First) (Middle)

TO BE COMPLETED BY THE RECOMMENDER:

The person named above has applied for admission to the Master of Technology Management Program at the Technology Management Center, University of the Philippines, Diliman, Quezon City, Philippines. Our Evaluation Committee will appreciate your assessment of the applicant's ability to undertake graduate studies and research and his/her potential for a successful career in his/her desired field of specialization. All information that you may give about the applicant shall be held in strict confidence.

How long have you known the applicant? _____ years

In what capacity have you known the applicant?

I am the applicant's --

___ Division/Department/School Head

___ Research Supervisor

___ Teacher in several classes

___ Supervisor / Employer

___ Teacher in one class

Others (Please specify) _____

If the applicant was a student in some of your classes, what were these subjects?

Do you feel that the applicant is ready and qualified for graduate studies at this time? Yes
No Why? or Why not?

What do you consider as the applicant's outstanding talents or strengths?

What do you consider as the applicant's major weaknesses or deficiencies?

In your opinion, what are the applicant's chances of completing the graduate program applied for?

Please rate the applicant on the following characteristics in comparison with other students or co-workers in the same discipline or field who are known to you and who have had more or less the same amount of training and experience. Indicate size and educational level of the group with which the applicant is being compared.

Size: _____ Educational Level: _____

Please put a check mark on your appropriate ratings

CHARACTERISTICS	EXCELLEN T (Top 10%)	VERY GOOD (TOP 11- 20%)	GOOD (TOP 21- 30%)	SATISFACTORY (TOP 31-50%)	BELOW AVERAGE (LOWER 50%)	INADEQUATE BASIS OF JUDGMENT
1. Intellectual ability						
2. Academic preparation for proposed field of study						
3. Motivation for proposed field of study						
4. Originality and creativity						
5. Analytical ability						
6. Initiative and independence						
7. Honesty and integrity						
8. Ability to work with others						
9. Oral communication skills						
10. Written communication skills						
11. Emotional maturity						

I THEREFORE ___STRONGLY RECOMMEND
 ___RECOMMEND
 ___RECOMMEND WITH RESERVATIONS
 ___DO NOT RECOMMEND

THE APPLICANT FOR ADMISSION INTO THE MASTER OF TECHNOLOGY MANAGEMENT PROGRAM.

Signature of Recommender: _____

Name of Recommender: _____

Degree & Field of Specialization: _____

Name & Address of Organization: _____

Date

IMPORTANT: After filling out this form, please send this recommendation directly to
“mtm_admissions.upd@up.edu.ph” or by snail mail to the address below.

Thank you very much.

**The Director
TECHNOLOGY MANAGEMENT
CENTER
University of the Philippines-Diliman
DOST-ASTI Compound., C.P. Garcia
Avenue U.P. Diliman, Quezon City, 1101
Philippines**