# ASSUMPTION UNIVERSITY

**OFFICE OF THE UNIVERSITY REGISTRAR**

**RECOMMENDATION PETITION**

1. **MR./MISS/MRS.**
   - NAME
   - SURNAME
   - Admission No.

2. **ADDRESS:**
   - Tel.

3. **LETTER OF RECOMMENDATION REQUIRED FOR:**
   - Admission to graduate/undergraduate studies: at ____________
     - (NAME OF THE COLLEGE/UNIVERSITY)
     - (ADDRESS OF THE COLLEGE/UNIVERSITY)
   - Major Field: ____________
   - A Job: at ____________
     - (NAME OF THE COMPANY/ORGANIZATION)
     - (ADDRESS OF THE COMPANY/ORGANIZATION)
   - For the position of ____________

4. **EDUCATION DATA:**
   - Major Field: ____________
   - G.P.A. in Major Field: ____________
   - Cum. G.P.A. ____________
   - Honors: ____________

5. **EXTRACURRICULAR ACTIVITIES:** (Organization, Club, Committee, Position, etc.)

6. **WORK EXPERIENCE:** (Include Dates, Type of Work, Full Time / Part Time, Position, etc.)

7. **ANY OTHER DATA WHICH YOU DEEM PERTINENT:**

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**RECOMMENDATION PETITION SLIP**

<table>
<thead>
<tr>
<th>PETITIONER</th>
<th>INSTRUCTOR</th>
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<tr>
<td>Admission No.</td>
<td>Please come back to receive your recommendation on</td>
</tr>
<tr>
<td>Name</td>
<td>Signature</td>
</tr>
<tr>
<td>Surname</td>
<td>Registration Officer</td>
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<tr>
<td>Date of Submission</td>
<td>Date</td>
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</tbody>
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Signature ____________ Date ____________

**RECOMMENDATION PETITION SLIP**

**PETITIONER**

- Admission No. ____________
- Name ____________ Surname ____________
- Date of Submission ____________

**INSTRUCTOR**

- Signature ____________ Date ____________
- Registration Officer ____________