

**ASSUMPTION UNIVERSITY**  
**OFFICE OF THE UNIVERSITY REGISTRAR**  
**RECOMMENDATION PETITION**

**R.26**

1. MR./MISS/MRS. \_\_\_\_\_ Admission No. \_\_\_\_\_  
NAME SURNAME

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 :

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RECOMMENDATION PETITION SLIP**

PETITIONER		INSTRUCTOR	
Admission No. _____		Please come back to receive your recommendation on	
Name _____	Surname _____	Signature _____	Date _____
Date of Submission _____ DD/MM/YY		Registration Officer	DD/MM/YY