



Archaeological Studies Program  
University of the Philippines  
Albert Hall, Lakandula St.  
Diliman, Quezon City 1101



## ASP REFERENCE FORM

|  |      |       |        |
|--|------|-------|--------|
| Applicant's Full Name:   | Last | Given | Middle |
| Degree program chosen by the applicant: <input type="checkbox"/> Diploma <input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> PhD  |      |       |        |
| The applicant whose name appears above, desires to enter the Archaeological Studies Program of the University of the Philippines, Diliman. Please evaluate the applicant's preparedness for graduate study and his/her strengths and weakness as honestly as you can. Your assessment will be strictly <b>CONFIDENTIAL</b> . Thank you for your time and effort. |      |       |        |

### IMPORTANT:

Do not send this form through the applicant. Kindly send it by post or thru email (PDF file with signature) to:

Archaeological Studies Program  
Albert Hall, Lakandula St., cor. E. Jacinto St.,  
University of the Philippines  
Diliman, Quezon City 1101

Email: [asp.upd@up.edu.ph](mailto:asp.upd@up.edu.ph)

How long have you known the applicant and in what capacity?

In your opinion, is the applicant prepared for graduate studies? Please explain your answer.

What are the applicant's positive attributes that can help him/her succeed in his/her studies?

What are the applicant's attributes that need to be improved?

Do you think the applicant can finish the program in a timely manner?

How would you rate the applicant in terms of the following: (please check one per item)

|               | High | Moderate | Low |
|---------------|------|----------|-----|
| Patience:     | [ ]  | [ ]      | [ ] |
| Curiosity:    | [ ]  | [ ]      | [ ] |
| Perseverance: | [ ]  | [ ]      | [ ] |
| Initiative:   | [ ]  | [ ]      | [ ] |
| Honesty:      | [ ]  | [ ]      | [ ] |
| Creativity:   | [ ]  | [ ]      | [ ] |

Other things which you may want to say about the applicant.

I therefore recommend that the applicant be [ ] **ACCEPTED** / [ ] **NOT ACCEPTED** in the graduate program.

Name of Referee: \_\_\_\_\_  
Current Position: \_\_\_\_\_  
Email: \_\_\_\_\_  
Contact Number/s: \_\_\_\_\_

Name and Address of Institutional Affiliation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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