

School of Social Work

Recommendation

Name of Applicant

Social Security No.

To the applicant: Sign the appropriate authorization below, and mail this form and the self addressed reference envelope to the person from whom you requested a letter of recommendation.

I authorize the release of a candid evaluation to assist in the admission process of the Missouri State University School of Social Work. I understand that the material will be kept confidential both from me and from the public, and waive any right of access that I might have under the provisions of the 1974 Family Rights and Privacy Act. I further understand that Missouri State University School of Social Work does not require me to execute this waiver and is willing to review my application without it. The School of Social Work may contact references and your undergraduate and/or graduate program director in the admissions process.

Signature of Applicant

Date

I authorize the release of a candid evaluation but choose not to waive my right to examine this form should I be accepted and enrolled in the program at Missouri State University School of Social Work.

Signature of Applicant

Date

To the Person Providing the Recommendation

The applicant whose name appears above has applied for admission to the Master's Degree Program in Social Work at Missouri State University School of Social Work. He or she has given your name as a reference.

We ask that you write a **letter of recommendation** and fill out the **check list on the back of this form**. The information you provide, along with the other materials submitted, provides the Admissions Committee with the important data necessary to make the right decision regarding admission for the applicant. Your time and effort in making this information available are greatly appreciated.

Name of Person Providing Recommendation

Position

Relation to Applicant

Address

Phone No.

Attach this form to your *evaluation letter* and please place this form in the enclosed envelope, seal the envelope, and sign across the seal. Return it to the applicant, who will forward it unopened to Missouri State University, School of Social Work, 901 S. National Ave, Springfield MO 65807.

PLEASE GIVE YOUR IMPRESSION OF THE APPLICANT'S RATING IN THE FOLLOWING AREAS:

	Poor	Average	Good	Out Standing	Unable to Judge
Academic performance					
Intellectual ability.....					
Verbal skills					
Writing skills.....					
Ability to think critically					
Leadership potential					
Ability to work with others					
Understanding of self					
Personal Integrity.....					
Sensitivity to needs and feelings of others					
Ability to respect and work with differences in people (e.g., race, class, culture, and ethnicity).....					
Concern and commitment to work toward solving social problems.....					

OVERALL RECOMMENDATION:

_____ I strongly recommend the applicant.

_____ I recommend the applicant.

_____ I have substantial doubts about the applicant, but think he/she should be able to prove him/herself.

_____ I cannot recommend the applicant for graduate education.

Name of Recommender

Signature

Address

Position: _____ Organization: _____

Daytime Telephone: _____ Date: _____

Relationship to Applicant: _____