



Missouri State
UNIVERSITY

School of Social Work MSW Recommendation Form

Name of Applicant

Year applying

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

Degree/Professional Affiliation
(if any)

Position/Title

Special Note to References: Attach this form to your recommendation letter and please place this form in the enclosed envelope, seal the envelope, and sign across the seal. **This rating checklist is required for all references.**

Please return this rating checklist and a letter of recommendation in sealed and signed envelope to the applicant, who will forward it unopened to the Missouri State University School of Social Work.

Thank you for your time and assistance.

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.....					

Any additional comments: _____

OVERALL RECOMMENDATION:

- _____ I strongly recommend the applicant for the masters program in social work.
- _____ I recommend the applicant for the masters program in social work.
- _____ I do have some doubts about the applicant but think s/he should be able to prove him/herself.
- _____ I have substantial doubts or concerns about the applicant, or cannot recommend the applicant for graduate education.

 Name of Recommender Date: _____

 Signature

 Address

Organization: _____ Email: _____

Daytime Telephone: _____ Relationship to Applicant: _____