



Recommendation Form

For Admission to the MSW Degree Program

TO BE COMPLETED BY THE APPLICANT

Applicants's Name: _____
Last First Middle

Date of Birth: _____

Applicant's Name:

Under the provisions of the Family Education Rights and Privacy Act of 1974, you may decide whether letters of reference written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the reference writer will be advised of your choice.

_____ Confidential file. I grant permission for this letter of recommendation to be held confidential by the University of Georgia.

_____ Open File. I retain the choice of having letters of reference available to me.

Signature of Applicant

TO BE COMPLETED BY REFERENCE WRITER

You have been selected by the person named above as someone who can be helpful in evaluating his or her readiness for graduate study in professional social work practice. Please note that while the applicant may have waived his/her right of access under the Family Education Rights and Privacy Act, in some circumstances this letter may be subject to disclosure under the provisions of the Georgia Open Records Act.

Please staple an accompanying letter of recommendation to the back of this form and place in a sealed envelope with your signature across the seal, and return it to the applicant. We have asked applicants to send only completed application packages to the School of Social Work. Under unusual circumstances it is acceptable to mail the recommendation directly to the Office of Admissions at the School of Social Work.

1. Knowledge of the Applicant:

Approximately how long have you known this applicant? _____

How well do you feel you know the applicant? _____ Casually _____ Well _____ Very well

What has been the nature of your contacts with the applicant?

- ___ Teacher ___ Research advisor ___ Major advisor ___ Employer
___ Volunteer coordinator ___ Fellow staff member ___ Supervisor
___ Other (specify)

2. Recommendation: Considering this applicant's academic record, work performance record, special abilities, dedica-

- ___ Recommend strongly ___ Recommend with reservation
___ Recommend ___ Cannot recommend

3. Evaluation rating form: To be the best of your knowledge, rate the applicant according to the following standards:
 MARK WITH AN X THE FOLLOWING CHARACTERISTICS FROM 1 (LOW) TO 10 (HIGH)
 (Please use 7 as the norm for a “good” but not exceptionally outstanding applicant)

APPLICANT'S CHARACTERISTICS	1	2	3	4	5	6	7	8	9	10	N/A
Academic Ability & Potential											
Sense of Responsibility											
Leadership Ability & Potential											
Interpersonal skills											
Integrity											
Writing skills											
Verbal communication skills											
Listening skills											
Willingness and ability to accept direction &/or supervision											
Ability to respect and work with diverse populations											
Emotional maturity & stability											
Creativity & imagination											
Ability to withhold religious views when working with others											
Level of commitment to values of social justice											
Concern for the well-being of others											
Ability to adapt to new situations											
Ability to work with groups											
Candidate's awareness of self: capabilities and limits											
Ability to analyze complex problems											

4. Please attach a separate letter of reference commenting on the applicant's strengths and unique qualifications as a potential candidate for professional social work education as well as any challenges that may affect the applicant's ability.

Name of reference writer (Please print): _____

Signature: Date: Title: Organization: _____

City, State, Zip Code: _____

Phone Number (optional): _____

E-mail Address (optional): _____