

**MSW PROGRAM REFERENCE FORM**

**INSTRUCTIONS TO THE APPLICANT:** Read and complete this section and provide it to your recommender electronically for submission directly into your online application (preferred method), or with a self-addressed, stamped envelope. If a hard copy is provided, the recommender must return the completed recommendation to you in the sealed envelope for you to submit directly to Campus411 to be uploaded to your application. Please do not send any application materials to the School of Social Work as only Campus411 can upload them to your application.

Sign only if you are waiving access as specified below.

Under the provisions of the Family and Educational Rights and Privacy Act (FERPA), and applicable state law, you (if admitted and enrolled) will have access to the information provided below unless you waive such access.

**I hereby waive my right of access to the information contained in this recommendation.**

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If there is no signature above, this recommendation will be treated as non-confidential.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant’s Full Name (please print) Recommender’s Name (Please Print)

**INSTRUCTIONS TO RECOMMENDER:** The above named applicant is seeking admission to the Master of Social Work program at Cleveland State University. Individuals who are accepted must be able to fulfill the intellectual requirements of the School and should possess personal qualifications essential to professional practice in social work. We appreciate your evaluation of this candidate. Please place this completed form and any accompanying letter(s) in the envelope provided by the applicant, seal, and sign across the seal. The applicant will submit the sealed envelope containing your recommendation to Campus411 as part of the application process. Or, if you so choose, you can send the recommendation directly to Campus411, at CSU, 2121 Euclid Avenue, Berkman Hall, Room 116, Cleveland, OH 44115.

How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what capacity have you known the applicant? (please circle)

**Field Supervisor Academic Advisor Professor Work supervisor - Volunteer Work Supervisor**

Please indicate (X) the applicant’s ability and professional competence in comparison with other individuals who are in similar stages in their career.

Please **circle below** to indicate your overall endorsement of the applicant:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Exceptional (top 5%)** | **Outstanding (top 10%)** | **Very good (top 15%)** | **Good (top 25%)** | **Average (upper 50%)** | **Below Avg. (lower 50%)** | **Inadequate knowledge to assess** |
| Academic performance |  |  |  |  |  |  |  |
| Emotional stability/ maturity |  |  |  |  |  |  |  |
| Motivation to advance in field of social work |  |  |  |  |  |  |  |
| Ability to work with others |  |  |  |  |  |  |  |
| Analytical skills |  |  |  |  |  |  |  |
| Communication skills-written |  |  |  |  |  |  |  |
| Communication skills-oral |  |  |  |  |  |  |  |
| Professionalism |  |  |  |  |  |  |  |
| Ability to utilize constructive criticism |  |  |  |  |  |  |  |
| Ability to make sound judgments |  |  |  |  |  |  |  |
| Concern for the well-being of others |  |  |  |  |  |  |  |
| Ability to adapt to new situations |  |  |  |  |  |  |  |
| Integrity |  |  |  |  |  |  |  |

**Recommend Highly Recommend Recommend with Reservation Do not Recommend**

If you do not know the applicant well enough to give a recommendation, please notify the applicant. In addition to the answers provided above, we would appreciate a statement from you regarding the applicant’s promise of success as a graduate student. Thank You.

Name of Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Institution) (Department)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_