

**Master of Social Work Reference**

**To be completed by the applicant.**

**Send this form directly to the person completing the reference.**

Name of Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

This recommendation will become a part of your admission file. It will be used solely for admissions consideration and will not be disclosed to any unauthorized individual without your consent.

**Notice of Waiver**

I am aware of my rights under the Family Educational Rights and Privacy Act of 1974 to have access to letters of recommendation written on my behalf. I also understand that by submitting this letter of recommendation with my application packet it becomes the property of the Indiana State University Department of Social Work. I also understand that if I am admitted to the Master of Social Work Program, I will be accorded access to its contents unless I voluntarily waive my right of access.

\_\_\_\_\_ It is my desire that this letter be written in confidence and I waive my right of access to this letter.

\_\_\_\_\_ I wish to retain my right to read this document should I be admitted to the program and enroll.

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

You must check one of the above options, sign and date this waiver if this letter is to be included in your file. Failure to comply will automatically forfeit the right of the applicant to read this letter.

**Dear Referee:**

The applicant listed above has selected you as a reference. Completion of this form and a candid assessment of the applicant will greatly assist the Admissions Committee in determining whether the candidate should be admitted for graduate study.

Please complete this form and supporting letter. After completing your letter of reference and the attached form, please upload the documents to the link you will receive from the Office of Graduate Admissions at Indiana State University. Thank you for your assistance.

## Summary Evaluation

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

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Please evaluate the applicant in each category utilizing the table below. We would appreciate your candid evaluation regarding the applicant's capabilities and limitations as they pertain to graduate-level social work education and suitability for the social work profession.

Criteria	Rating			
	Poor	Fair	Good	Excellent
Intellectual ability				
Emotional stability				
Maturity				
Sense of responsibility				
Motivation				
Ability to work with others				
Critical thinking skills				
Verbal communication skills				
Written communication skills				
Willingness to accept direction and/or supervision				
Respect of diverse populations				
Professional integrity				

Please attach a letter addressing the following:

- Strengths and weaknesses that would impact the applicant's progress in the MSW Program
- The applicant's personal values and ethics and the congruence with the values and ethics of the social work profession
- Please expand on any item in the table above that you think the MSW Admission Committee should know when making a decision about possible admission of this applicant.

Recommendation for Admission	I do not recommend	I recommend with reservation	I recommend	I highly recommend

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

Title/Position: \_\_\_\_\_ Degree: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_