**Mississippi State University Social Work Program**

**Recommendation Letter**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To the Applicant:*

Three references (one academic, one work (paid or volunteer) and one personal) are required. Examples of these include the following:

* Academic references: instructors of non-social work classes
* Work-related references (either paid or volunteer experiences)
* Personal references: community leaders, high school counselor, minister, teacher, sorority/fraternity or social club advisors

**PLEASE NOTE:** You must not use any references who are related to you. The references will become part of your admissions file. They will be used only for admission consideration and will not be disclosed to any unauthorized individual without your consent. You have the right to review references in your file unless you voluntarily waive your right of access by signing in the space below.

Print this form. Select the waiver option, sign, and date. Make up to three copies, as applicable. You have several options for ensuring your references receive the form: (1) Hand deliver to the reference, (2) mail out to the reference, or (3) send a pdf scan to the reference. The reference may submit the completed form in an addressed, stamped envelope *you provide* or may send a pdf scan by email. Any questions concerning the submission process can be directed to 662-325-2495.

Mail to: Social Work Program or Email to: [socialwork@msstate.edu](mailto:socialwork@msstate.edu)

P.O. Box C

MSU, MS 39762

I have read the information above and I hereby \_\_\_ waive \_\_\_ do not waive my right of access to this document.

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

*To the Evaluator:*

The person named above is applying for admission to our undergraduate Social Work Program. Social Work students learn to use a problem-solving method to help people with individualized personal problems and very broad problems that affect groups and communities. Your name has been given as a person having knowledge of his or her potential readiness and qualifications for undergraduate social work study. You can best help the applicant by being frank about his or her limitations as well as strengths. We would like input from persons such as you to assist us in our review process.

CATEGORY OF REFERENCE: Academic \_\_\_ Work \_\_\_ Personal \_\_\_

(Paid or Volunteer)

If you do NOT know the applicant well enough to give a recommendation, please check here: \_\_\_\_\_\_\_

1. In what capacity do you know the applicant? How long have you known the applicant?
2. In your opinion, what are the applicant’s major strengths?
3. In your opinion, what are the applicant’s limitations?
4. We are also interested in your comments regarding this applicant’s aptitude for undergraduate study and a career in social work. Feel free to provide this information on a separate sheet or in the space below.
5. Please evaluate the applicant in each of the following areas using this scale:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Unable to Observe | Unacceptable/ Unsatisfactory | Needs Improvement | Satisfactory |
| Openness to Learning With Capacity to Change |  |  |  |  |
| Intellectual Capacity |  |  |  |  |
| Integrity |  |  |  |  |
| Emotional Maturity/Stability |  |  |  |  |
| Creativity |  |  |  |  |
| Written Communication Skills |  |  |  |  |
| Verbal Communication Skills |  |  |  |  |
| Interpersonal Skills |  |  |  |  |
| Sensitivity to & Capacity for Accepting  Differences in Race, Class, Culture,  Lifestyles & Ideas |  |  |  |  |
| Ability to Accept Constructive  Feedback |  |  |  |  |

1. \_\_\_\_ I strongly recommend this applicant for admission, without reservation.

\_\_\_\_\_ I recommend this applicant with reservations; if admitted, he/she would greatly benefit from

study in the program.

\_\_\_\_\_ I do not recommend this applicant for admission.

Signature of Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_