Mississippi State University Social Work Program Recommendation Letter

| Applicant's Name: | | | | |
|--|---|---------------------------------------|---|---|
| To the Applicant: | | | | |
| include the following:Academic references:Work-related reference | instructors of non- es (either paid or v | -social wo | rk classes experiences) | al) are required. Examples of these ster, teacher, sorority/fraternity or |
| admissions file. They will be use | ed only for admissi . You have the rigl | ion consid ht to revi | leration and will not | eferences will become part of your be disclosed to any unauthorized or file unless you voluntarily waive |
| options for ensuring your refere reference, or (3) send a pdf scar | nces receive the for to the reference. or may send a pdf | orm: (1) H The refe | land deliver to the rence may submit th | es, as applicable. You have several eference, (2) mail out to the e completed form in an addressed, concerning the submission process |
| Mail to: Social Work Program P.O. Box C MSU, MS 39762 | | or | Email to: <u>socialw</u> | vork@msstate.edu |
| I have read the information abo | ve and I hereby | waive _ | do not waive my | right of access to this document. |
| Signature: | | | Date: | |
| To the Evaluator: | | | | |
| broad problems that affect grou his or her potential readiness ar | -solving method to ups and communiti and qualifications fo his or her limitation | o help peo ies. Your or undergo | ople with individuali name has been give aduate social work | zed personal problems and very n as a person having knowledge of |
| CATEGORY OF REFERENCE: | Academic | | Work id or Volunteer) | Personal |
| If you do NOT know the applica | nt well enough to { | give a rec | ommendation, pleas | se 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/ Unsatis | 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 | | | | |

| 6 | 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 Eval | uator: |
| Please Print Nam | e: |
| Title: | |
| Address: | Phone: |
| City/State/Zip: | Date: |