



MISSISSIPPI STATE UNIVERSITY™

SOCIAL WORK PROGRAM

REFERENCE FORM

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT.

TO THE APPLICANT:

You must not use any references who are (a) related to you or (b) instructors of social work courses. 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. Additional information and your decision below.

Applicant's Name:

FERPA Statement:

In accordance with the Family Education Rights and Privacy Act (FERPA) of 1974, a student has access to their educational record, including letters of recommendation. However, a student may waive the right to review this recommendation, in which case, the letter of recommendation will be held in confidence and not reviewed by the student. Select the appropriate box and sign below/type your name prior to sending this form to the recommender.

- ☐ I have read the information above and waive my right of access to the reference forms.
☐ I have read the information above and do not waive my right of access to the reference forms.

Applicant's Signature:

Date:

My typed signature and electronic distribution of the form demonstrates my informed consent.

THIS SECTION IS TO BE COMPLETED BY THE EVALUATOR.

TO THE EVALUATOR:

The person named above is applying for admission to our undergraduate Social Work Program. Your name was given as someone having knowledge of their potential readiness and qualifications for undergraduate social work study. Under the provisions of the Family Education Rights and Privacy Acts of 1974, this applicant will have access to the information provided unless they waived access as noted above. Social work students learn problem-solving skills to help people and communities enhance their social functioning by addressing individual and societal challenges. You can best help the applicant by being candid about both their strengths and limitations. We appreciate your input to assist in our application process as someone who knows the applicant in varied capacities.

Evaluator's Name:

Category of Reference:

- ☐ Academic ☐ Personal
☐ Work (paid or volunteer) ☐ Do not know the applicant well enough to provide a recommendation. If selected, skip to the end and sign.

In what capacity do you know the applicant? [Please do not exceed three lines.]

How long have you known the applicant?

GENERAL FEEDBACK				
In your opinion, what are the applicant's strengths? [Please do not exceed four lines.]				
In your opinion, what are the applicant's limitations? [Please do not exceed four lines.]				
We are also interested in your comments regarding this applicant's aptitude for undergraduate study and a career in social work. [Please do not exceed four lines.]				
BASED ON YOUR EXPERIENCE WITH OTHERS IN SOCIAL WORK OR RELATED FIELDS, PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS, KEEPING IN MIND THAT THEY ARE AN UNDERGRADUATE STUDENT.				
Rating Areas	Above Average	Average	Below Average	Unable to Observe
Ability to accept constructive feedback				
Ability to cope with ambiguity				
Awareness and respectful acceptance of differences in race, class, culture, lifestyles, and beliefs				
Critical thinking				
Emotional maturity/stability				
Intellectual curiosity				
Integrity				
Interpersonal skills				
Judgement in decision making				
Leadership				
Open to change and new ideas				
Performance under stress				
Professionalism				
Verbal Communication Skills				
Written Communication Skills				

Additional comments, thoughts, and/or explanation to ratings. [Please do not exceed seven lines.]	
EVALUATOR OVERALL RECOMMENDATION.	
<input type="checkbox"/> Highly recommend	<input type="checkbox"/> Recommend with reservations
<input type="checkbox"/> Recommend	<input type="checkbox"/> Do not recommend
EVALUATOR INFORMATION AND SIGNATURE	
Evaluator Title/Credentials:	
Evaluator Email:	
Evaluator Phone:	
Evaluator Signature:	Date:

Forms should be emailed directly by the evaluator to this address: socialwork@msstate.edu