



# Master of Social Work (M.S.W.) Recommendation Form

## The Graduate School

1500 North Patterson Street

Valdosta, Georgia 31698

Phone: 229.333.5694 ♦ Toll-free: 800.618.1878 option 5 ♦ Fax: 229.245.3853

www.valdosta.edu/gradschool ♦ gradschool@valdosta.edu

Letters of recommendation may be submitted as attached documents; however, letters of recommendation received without the completed form will not fulfill the recommendation requirement for M.S.W. admission review. Read all instructions carefully.

### INSTRUCTIONS

**Applicant:** Complete Part A information (box below). Include your signature and submit the form to your recommender. Be sure to include a stamped, self-addressed envelope for your recommender to use for submission. Three recommendations are required for the M.S.W. program. Recommendations should be obtained from professional sources familiar with your academic and/or discipline-related vocational background. For Advanced Standing applications, two of the three recommendations must be from B.S.W. faculty members.

**Recommender:** Complete Part B of this form. Please return this recommendation form with letter attached, in an envelope signed across the seal. Sealed letters may be sent to the applicant for mailing with other application materials or directly to: The Graduate School, Valdosta State University, 1500 N. Patterson Street, Valdosta, Georgia 31698-0005.

### PART A: TO BE COMPLETED AND SIGNED BY THE APPLICANT

Please type or print clearly:

LAST NAME	FIRST NAME	MIDDLE NAME	OTHER NAMES
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STREET ADDRESS	APT/SUITE	CITY	STATE	ZIP CODE
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LAST 4-DIGITS OF SOCIAL OR VSU APPLICANT ID NUMBER	DATE OF BIRTH	PHONE NUMBER
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TERM APPLYING FOR: \_\_\_\_\_ SEMESTER/YEAR (e.g., Fall/2010)      DEGREE SOUGHT: \_\_\_\_\_

Public Law 93-380, Family Education Rights and Privacy Act of 1974, grants students the right to have access to recommendations in their placement files, unless the right to such access has been waived by the statement below. Recommendation letters received by the Graduate School without the signature of the applicant will be considered as confidential and access waived.

I hereby  Waive  Do not waive my right to see this letter of recommendation.

SIGNATURE OF APPLICANT	DATE
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**Summary Evaluation—Part B continued**

Applicant's promise as a graduate student, in comparison to others of similar age and experience with whom you have worked, taught, or supervised.	Below Average	Average	Above Average	Top 10%	Inadequate Opportunity to Observe
<b>Written expression</b> Skill in written reports, essays; clarity and sophistication of writing; mastery of spelling, grammar, adequate vocabulary					
<b>Verbal expression</b> Ability to speak in a professional capacity, poise, articulateness					
<b>Intellectual ability</b> Ability to analyze complex problems, critical thinking, ability to understand and apply complex theories and ideas					
<b>Creativity/originality</b> Ability to innovate, to solve problems; to be creative and develop new ideas					
<b>Self reflection</b> Willingness to challenge personal beliefs and biases, comfort with making mistakes, openness to growing personally, and developing new insights about self					
<b>Cultural competence</b> Ability to withhold religious biases, to examine own cultural biases, willingness to examine alternative points of view and take a relativist position					
<b>Maturity</b> Takes responsibility; dependable, patient, self motivated; accountable for self in stressful situations					
<b>Interpersonal behavior</b> Gets along well with peers and authority, likable, even tempered					
<b>Overall potential for success in a professional social work program</b>					

Part B of the Recommendation Form was adapted from Dr. Kathy Warner, Valdosta State University

- Unable to Observe   
  Not Recommended   
  Recommended with Some Reservations  
 Recommended   
  Highly Recommended

How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_  
Please Print

