

Master of Social Work Recommendation Form

Applicant's Name _____

This is a confidential recommendation. **Original** documents must be sent directly to the Office of Graduate Admission. If the applicant has requested to view this recommendation, and you have agreed to grant her/his request, please send a **copy** of your recommendation to the applicant.

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The above-named person is applying for admission to the Master of Social Work program offered by St. Catherine University and the University of St. Thomas. As part of the admission process, the applicant is requesting a reference from you.

Consider this person's capabilities and limitations related to potential academic performance, suitability for the profession of social work and specifically for clinical social work practice. Also, provide an assessment of the applicant's integrity, emotional maturity, sensitivity to diversity, intelligence and capacity for interpersonal relationships.

PART I

Please rate the applicant on the items listed below. Place a check mark at the appropriate rating (5 = excellent, 1 = very poor).

	5	4	3	2	1	Unable to Judge
Overall academic ability	_____	_____	_____	_____	_____	_____
Written communication skills	_____	_____	_____	_____	_____	_____
Oral communication skills	_____	_____	_____	_____	_____	_____
Ability to conceptualize	_____	_____	_____	_____	_____	_____
Ability to develop positive relationships	_____	_____	_____	_____	_____	_____
Energy in helping others	_____	_____	_____	_____	_____	_____
Ability to make mature judgments	_____	_____	_____	_____	_____	_____
Commitment to social justice and human rights	_____	_____	_____	_____	_____	_____
Ability to work with people from diverse backgrounds and with different abilities	_____	_____	_____	_____	_____	_____
Commitment to social work as a profession	_____	_____	_____	_____	_____	_____
Leadership ability	_____	_____	_____	_____	_____	_____
Followership ability	_____	_____	_____	_____	_____	_____
Ability to handle stressful situations	_____	_____	_____	_____	_____	_____
Ability to engage in problem solving	_____	_____	_____	_____	_____	_____

1. I have known the applicant as ___a student ___a colleague ___an employee ___other _____

2. I have known the applicant for a period of ___ years ___ months in my position as _____

3. My appraisal of this applicant is based approximately from dates _____ to _____

PART II

Please attach an accompanying statement that addresses the applicant's potential for success in the field of social work. Include experience, skills, intelligence, professional development, education and personal qualities that may have a bearing on the applicant's success in a graduate program in social work.

Thank you for your willingness to provide this assessment.

Please print (or attach your current business card):

Name _____ Title _____

Name of organization _____

Business address _____

City _____ State _____ ZIP _____

Business telephone (_____) _____ If we need clarification, may we contact you? _____

Signature _____ Date _____

St. Catherine University and the University of St. Thomas admit students regardless of race, color, national and ethnic origin, sexual orientation, age, religion, creed, disability, marital status, status with regard to public assistance, membership or activity in state or local commission and sex to all the rights, privileges, programs and activities generally accorded to or made available to students at the Universities.

THE OFFICE OF GRADUATE ADMISSION MUST RECEIVE THIS RECOMMENDATION BY **JANUARY 10** FOR THIS APPLICANT TO HAVE PRIORITY CONSIDERATION.

Please return the completed form

and accompanying statement to: St. Catherine University, Office of Graduate Admission, #4027,
2004 Randolph Avenue, St. Paul, MN 55105