

# Master of Social Work Recommendation Form

Applicant's Name \_\_\_\_\_

This is a confidential recommendation and should be sent directly to the Office of Graduate Admission. **Original** documents must be sent to our office. If the applicant has communicated with you regarding her/his wish to view this recommendation, and you have agreed to grant her/his request, please send a **copy** of your recommendation form and letter to the applicant.

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

Address your knowledge of this person's capabilities and limitations related to potential education performance, suitability for the profession of social work and specifically for clinical social work practice. Also, we are interested in your assessment of the applicant's integrity, emotional maturity, sensitivity to diversity, intelligence and capacity for interpersonal relationships.

## PART I

Please give your appraisal of the applicant on the items listed below of which you have personal knowledge. Rate the applicant in comparison with others you have known in the same capacity. Place a check mark at the appropriate rating.

	<b>Strong</b>	<b>Moderate</b>	<b>Limited</b>	<b>Unable to Judge</b>
Overall academic ability	_____	_____	_____	_____
Written communication skills	_____	_____	_____	_____
Oral communication skills	_____	_____	_____	_____
Ability to conceptualize	_____	_____	_____	_____
Ability to develop positive helping 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 differing abilities	_____	_____	_____	_____
Commitment to social work as a helping profession	_____	_____	_____	_____
Leadership ability	_____	_____	_____	_____
Followership ability	_____	_____	_____	_____
Ability to handle stressful situations	_____	_____	_____	_____
Ability to engage in problem solving	_____	_____	_____	_____

1. I have known the applicant as \_\_\_an undergraduate student \_\_\_an associate \_\_\_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 provide an accompanying statement on a separate sheet of paper.**

**Thank you for your willingness to provide this assessment.**

Please print:

Name of respondent \_\_\_\_\_ Title \_\_\_\_\_

Name of organization \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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

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

Note that this information is confidential. The College of St. Catherine admits 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 College.

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

**Please return the completed form to:** Office of Graduate Admission, #4027, The College of St. Catherine,  
2004 Randolph Avenue, St. Paul, MN 55105