



## MSW PROGRAM REFERENCE FORM

**INSTRUCTIONS TO THE APPLICANT:** Read and complete this section and provide it to your recommender electronically for submission directly into your online application (preferred method), or with a self-addressed, stamped envelope. If a hard copy is provided, the recommender must return the completed recommendation to you in the sealed envelope for you to submit directly to Campus411 to be uploaded to your application. Please do not send any application materials to the School of Social Work as only Campus411 can upload them to your application.

Sign only if you are waiving access as specified below.

Under the provisions of the Family and Educational Rights and Privacy Act (FERPA), and applicable state law, you (if admitted and enrolled) will have access to the information provided below unless you waive such access.

**I hereby waive my right of access to the information contained in this recommendation.**

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**If there is no signature above, this recommendation will be treated as non-confidential.**

\_\_\_\_\_  
Applicant's Full Name (please print)

\_\_\_\_\_  
Recommender's Name (Please Print)

**INSTRUCTIONS TO RECOMMENDER:** The above named applicant is seeking admission to the Master of Social Work program at Cleveland State University. Individuals who are accepted must be able to fulfill the intellectual requirements of the School and should possess personal qualifications essential to professional practice in social work. We appreciate your evaluation of this candidate. Please place this completed form and any accompanying letter(s) in the envelope provided by the applicant, seal, and sign across the seal. The applicant will submit the sealed envelope containing your recommendation to Campus411 as part of the application process. Or, if you so choose, you can send the recommendation directly to Campus411, at CSU, 2121 Euclid Avenue, Berkman Hall, Room 116, Cleveland, OH 44115.

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? (please circle)

Field Supervisor    Academic Advisor    Professor    Work supervisor - Volunteer    Work Supervisor

Please indicate (X) the applicant's ability and professional competence in comparison with other individuals who are in similar stages in their career.

	<b>Exceptional (top 5%)</b>	<b>Outstanding (top 10%)</b>	<b>Very good (top 15%)</b>	<b>Good (top 25%)</b>	<b>Average (upper 50%)</b>	<b>Below Avg. (lower 50%)</b>	<b>Inadequate knowledge to assess</b>
Academic performance							
Emotional stability/ maturity							
Motivation to advance in field of social work							
Ability to work with others							
Analytical skills							
Communicati on skills- written							
Communicati on skills-oral							
Professionalism							
Ability to utilize constructive criticism							
Ability to make sound judgments							
Concern for the well- being of others							
Ability to adapt to new situations							
Integrity							

Please **circle below** to indicate your overall endorsement of the applicant:

**Recommend Highly    Recommend    Recommend with Reservation    Do not Recommend**

If you do not know the applicant well enough to give a recommendation, please notify the applicant. In addition to the answers provided above, we would appreciate a statement from you regarding the applicant's promise of success as a graduate student. Thank You.

Name of Respondent: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address \_\_\_\_\_  
 (Institution) (Department)

Signature \_\_\_\_\_