

U: _____

Applicant's Signature

Date

University ID Number

University of South Florida

College of Behavioral & Community Sciences

School of Social Work

13301 Bruce B. Downs Blvd., MHC 1400

Tampa, FL 33612

Letter of Recommendation Form

TO THE APPLICANT: Prospective student name: _____

First Middle Last

NOTE TO APPLICANT: Give a Request for Recommendation form (along with our dept. form) to each person from whom you are soliciting a recommendation. The form can be located at this link:

http://www.grad.usf.edu/inc/linked-files/Letter_of_Recommendation.pdf

TO THE REFERENCE: The above named is applying for admission to the Masters Program of the School of Social Work at the University of South Florida. Your assessment of the candidate will assist the Graduate Admissions Committee. If you wish, you may include your own letter. Please submit your recommendation to cbcs-sok-mswapps@usf.edu .

Please be advised that under the Family Educational Rights and Privacy Act of 1974, the applicant may decide whether letters of reference written at his or her request are to be held confidential from him or her or be available for the applicant's personal inspection.

- How long and in what connection have you known the applicant?

- Please rate the applicant relative to other students or employees whom you have known in the same field in recent years.

	Exceptional	Superior	Good	Average	Below Average	Not Observed
	Highest 5%	Next Highest 5%	Next Highest 15%	Next Highest 25%	Lowest 50%	
Academic Performance						
Intellectual potential						
Maturity						
Communication skills: oral						
Communication skills: written						
Ability to analyze a problem and formulate a solution						
Motivation for proposed program of study						
Self-Awareness						
Social Work Values						

3. We believe that such personal qualities as intelligence, maturity, emotional stability, sensitivity, resourcefulness, sound judgment and a concern for the well-being of others are important for successful work in the field of social work. Please assess the applicant's academic and professional promise within this context.

Signature _____ Date _____

Name (please print) _____

Position _____ Employer _____

Business Address _____
(Street & number)

City _____ State _____ Zip Code _____

Phone: _____

4. In what role have you known the applicant: **(please check)**

Supervisor
(paid or volunteer)

Professor

You are now ready to submit this form. When you click on SUBMIT below, it will give you an option to send the form via Outlook or webmail (GMail, Yahoo or other). Thank you for completing this reference form.