INSTRUCTIONS TO APPLICANT. . .
References are required of three persons (excluding family) who have sufficient knowledge of your ability and performance to respond to the questions below.

MSW Applicant’s
Name: ____________________________________________________________________________

How long and in what capacity have you known the person furnishing this recommendation?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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INSTRUCTIONS TO RECOMMENDER. . .
The above applicant has identified you as a person having knowledge of his/her potential for graduate social work study. Please complete the information requested on the reverse side with your signature at the bottom of the page. Please note that in compliance with the law, it is the policy of the School of Social Work that those students who are admitted have access to their folders, which will contain your recommendation. Since the School’s Admissions Committee cannot make a decision on admission until all recommendations have been received, we would appreciate a reply at your earliest convenience. Please note that all materials must be received by the Graduate School by Tuesday, February 15. Incomplete applications will not be reviewed. Thank you for your cooperation.

Please complete this reference and forward it directly to:

The University of Akron
Graduate School
Leigh Hall 515
Akron, OH  44325-2101
Cleveland State University and the University of Akron

1. If you do not know the applicant well enough to give a recommendation, please check here [___]

2. Please assess the applicant’s academic promise and potential for social work practice and graduate studies.

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<th>Superior</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Inadequate Knowledge To Assess</th>
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<td>Academic Performance</td>
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<td>Intellectual Potential</td>
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<td>Oral Communication Skills:</td>
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<td>Written Communication Skills</td>
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<td>Motivation for Proposed Program of Study</td>
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<td>Ability to Work with People</td>
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<td>Relates Well to Others</td>
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<td>Ability to Utilize Criticism</td>
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ADDITIONAL COMMENTS?:
(Please attach a separate sheet if you would like to make additional comments)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature________________________________________________ Date__________________
Name (printed) _________________________________________________________________
Title_________________________ Organization______________________________________
Address_______________________________________________________________________
Phone __________________ Fax___________________________________________________
E-mail_______________________________________________________________________