**MSW Program - The University of Akron**

**INSTRUCTIONS TO APPLICANT. . .**

Recommendations are required of three persons (*excluding family and friends*) who have sufficient knowledge of your ability and performance to respond to the questions below.

**1. MSW Applicant’s Name:**

**2. How long and in what capacity have you known the person furnishing this recommendation?**

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**INSTRUCTIONS TO STUDENT. . .**

Preferred recommendations are those that come from academic instructors or professionals who have supervised you in a social work-related position (paid, volunteer or internship). Personal recommendations are not acceptable.  One recommendation must come from an individual such as a professor, employer, or supervisor who is able to provide a detailed assessment of your specific qualifications for both graduate studies and master’s-level social work practice.

**INSTRUCTIONS TO RECOMMENDER. . .**

The above applicant has identified you as a person having knowledge of their 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 supplemental materials must be received to the School of Social Work, and incomplete applications will not be reviewed. Thank you for your cooperation.

**Please complete this reference and send it *electronically* to Robert Terry in the School of Social Work at** **rpterry@uakron.edu**

**The University of Akron MSW Program**

1. If you do **no**t 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Superior** | **Above****Average** | **Average** | **Below****Average**  | **Inadequate****Knowledge****To Assess** |
| **Academic Performance** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Intellectual Potential** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Oral** **Communication Skills:** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Written** **Communication Skills** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Motivation for Proposed Program of Study** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Ability to Work** **with People**  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Relates Well to Others** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **Ability to Utilize Criticism** | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Overall, would you recommend this applicant to our program? Please explain.**

***(Please attach a separate sheet if you would like to make additional comments)***

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date****:**

**Name:**

**Title****:**

**Organization****:**

**Address****:**

**Phone****:**

**Fax****:**

**E-mail****:**