

BRIDGEWATER STATE UNIVERSITY

LETTER OF RECOMMENDATION FOR MASTER OF SOCIAL WORK PROGRAM

TO BE COMPLETED BY THE APPLICANT

Name								
Last		First			Middle			
Current Address Number and Street	t							
		State or Countr	.,		Zin Codo			
City E-mail Address	State or Country			Zip Code				
Telephone Home	Daytime							
Under the provisions of the Family Educational Rights Bridgewater State University, to review your education recommendations for admission. Please check the ap	nal records. Ti ppropriate box	ne Act further p indicating whe	rovides that yo ther or not you	u may waive you	ur right to see			
🗖 waive 🛛 🗖 do not waive any right of a			on					
Signature			Date					
ТО В		ED BY THE RE	SPONDENT					
assist the School of Social Work and the College of Graduate Studies in making a decision regarding admission to the program. I. How long have you known the applicant and in what capacity? II. In comparison with others you have taught or worked with, please rate the applicant on the factors below using the following scale: 1. Outstanding - Upper 5% 2. Very Good - Upper 10% 3. Good - Upper 20% 5. Below Average 6. No basis for judgment								
	1	2	3	4	5	6		
A. Self-Presentation								
B. Level of emotional maturity								
C. Character including integrity, ethical behavior and values								
D. Written communication skills								
E. Oral communication skills								
F. Ability to analyze a problem and formulate a solution								
G. Ability to handle stressful situations								

The following three items may also be addressed in a letter of reference.

III. Please provide a statement indicating the applicant's areas of strength.

IV. Please provide a statement indicating the applicant's areas of growth and learning needs

V. Please add any other information you consider pertinent.

VI. Please check the category below which most accurately describes your assessment of the applicant's ability to successfully complete a graduate social work program:

	1	Highly recommended	3	Recommended, but with re	eservation				
	2	Recommended	4	_ Not recommended					
Signature				Date					
Name (please print)				Position					
Address									
			Number and Stre	et					
City	,		State or Country	у	Zip Code				
Daytime Telephone	()		E-mail						
		Return completed I							
BRIDGEWATER STATE UNIVERSITY									
GRADUATE ADMISSIONS OFFICE									
MAXWELL LIBRARY, ROOM 019B									
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