_____   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
Reference Form

TO THE APPLICANT: Perspective student name: _____
                                                          First   Middle   Last

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 send your letter of reference to the address above.
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.

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

_____
2.   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   Professor
                                                                    (paid or volunteer)