

**Master of Social Work
Department of Social Work
Minnesota State University, Mankato**

Recommendation Form & Letter Request

To Applicant: Top portion should be completed and signed by applicant prior to providing this to recommender.

Applicant's Name: _____

☐ I hereby waive my right of access to this recommendation.

☐ I do not waive my right of access to this recommendation.

Applicant's Signature: _____ **Date:** _____

Person Supplying Recommendation: _____

To Person Providing Recommendation: The above named person is applying for admission to the Master of Social Work program at Minnesota State University, Mankato. Both the applicant and the graduate program would appreciate your completing this form and returning it to the applicant with a letter in an envelope with your signature across the seal. Do not send it to the department. ~ THANK YOU!

1. How long have you known the applicant? *(check one)*

☐ Less than 6 months ☐ 6mos-1year ☐ 1-2years ☐ 2-5 years ☐ More than 5 years

2. How well do you feel you know the applicant? *(check one)*

☐ Casually ☐ Fairly well ☐ Well ☐ Very well

3. What is your professional relationship with the applicant? *(check those that apply)*

☐ Instructor of applicant ☐ Academic advisor to applicant

☐ Employer of applicant ☐ Co-worker of applicant

☐ Supervisor of applicant ☐ Other (specify): _____

4. Based on your knowledge of this applicant, please indicate your overall recommendation for graduate study in professional social work. Please also explain your recommendation in an attached letter where you provide evidence of their qualifications and assessment of their ability for graduate study. *(Check one)*

☐ I recommend this applicant without hesitation.

☐ I recommend this applicant.

☐ I recommend this applicant with some reservation.

☐ I do not recommend this applicant.

CONTINUED →

5. Using the following rating scale, please rate this applicant on the characteristics, listed below, which are important for advanced social work study and practice. *Please also comment on these in your attached letter.*

4 **3** **2** **1** **DK**
Exceptional, *Good,* *Average,* *Low,* *Don't Know or*
Outstanding *Sound* *Fair* *Poor* *Can't Comment*

	Characteristics	Rating (Circle number)				
a.	Intellectual capacity for graduate study	4	3	2	1	DK
b.	Analytical abilities	4	3	2	1	DK
c.	Organizational skills	4	3	2	1	DK
d.	Written communication skills	4	3	2	1	DK
e.	Oral communication skills	4	3	2	1	DK
f.	Creativity; ability to develop novel solutions	4	3	2	1	DK
g.	Understanding of self	4	3	2	1	DK
h.	Sensitivity; empathy toward others	4	3	2	1	DK
i.	Respect for and ability to work with diverse people	4	3	2	1	DK
j.	Ability to handle stressful situations	4	3	2	1	DK
k.	Ability to work collaboratively in a group	4	3	2	1	DK
l.	Ability to work independently	4	3	2	1	DK
m.	Ethical behavior, including honesty and integrity	4	3	2	1	DK
n.	Professional and personal maturity	4	3	2	1	DK
o.	Potential to contribute to the social work profession	4	3	2	1	DK

6. **Please attach a one-page letter** that addresses the characteristics of this applicant related to their preparation to begin this Master of Social Work program and their promise for contributions to the social work profession.

Recommendation Verification:

Name: _____ Position/Title: _____

Mailing Address: _____

Phone number: _____ Email address: _____

Signature: _____ Date: _____

Please return the completed form and letter to the applicant in a sealed, signed envelope. The recommendation form and letter are to be submitted together with other materials by the applicant by January 31. **Thank You.**