

Letter of Recommendation – University of Kentucky Graduate Social Work Programs

NAME OF APPLICANT: _____

Evaluator: _____

The above-named person is an applicant for admission to a University of Kentucky College of Social Work graduate program (either MSW or Ph.D.) and has given your name as a reference. Individuals who are accepted must be able to fulfill the intellectual requirements of the Program and should possess personal qualifications essential to professional practice in social work. We greatly appreciate your thoughtful appraisal of this applicant's qualifications for admission to the program.

Please return this form in a sealed business envelope with your signature across the seal to the applicant requesting it, who will, in turn, forward it to us.
The envelope will only be opened by the College of Social Work Admissions Office.

1. How long have you known the applicant? _____

2. In what capacities have you known the applicant? (Please check ALL that apply)

___ Professor/Classroom Instructor; ___ Research Supervisor; ___ Academic Advisor; ___ Paid Work Supervisor; ___ Field Instructor; ___ Personal; ___ Other (specify _____)

3. Using as a base of comparison other individuals whom you have known in the same field in recent years, please indicate your evaluation of this applicant's ability and professional competence by placing an "X" in the appropriate category.

<u>Category</u>	No Basis for Judgment	Exceptional (top 5%)	Outstanding (next 15%)	Good (next 15%)	Average (next 15%)	Marginal/Poor (bottom 50%)
Intellectual capability						
Past Academic performance						
Leadership ability						
Open to new learning and ways of thinking						
Ability to accept/use criticism						
Written Communication Skills						
Integrity						
Interpersonal Skills						
Oral Communication Skills						
Social Conscience						
Ability to tolerate beliefs and attitudes different from own						
Initiative						
Perseverance/Motivation						
Emotional Maturity/Basic Judgment						
Empathy for Others						
Estimated ability to manage multiple demands of school work with other aspects of personal/professional life						
Ability to problem solve and function under stress (both personal and professional)						

If 'exceptional' or 'outstanding' is checked above for most categories, please give your rationale below:
(Use additional paper if necessary) _____

4. Please indicate the strength of your overall recommendation by checking the appropriate box:

Highly Recommended; Recommended; Recommended with Reservations as Noted Below;
 Not Recommended

5. It is very important to the College, in its evaluation, to have any additional comments which will assist in assessing the applicant's probability of success in pursuing graduate social work education and future professional social work practice. (Please feel free to attach a letter in lieu of completing this section.)

Signature of Person Making Recommendation: _____ Date: _____

PRINTED Name of Person Making Recommendation:

Title: _____

Business Name/Dept: _____

Business Address:

Street City State (Country) Zip/Postal Code

Business Phone: _____ Email Address: _____

Do you have an M.S.W.? YES NO

If yes, year received: _____ College/University: _____

Do you have a doctoral degree? YES NO

If yes, year received: _____ College/University: _____

Thank you for your cooperation. Since applications are acted upon in the order in which they are completed, both the College and the applicant will appreciate a prompt return of the reference form.

Sincerely,
Janet Ford, Ph.D.
Director of Graduate Studies