

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
Letter of Recommendation Form

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

NOTE TO APPLICANT: Give a Request for Recommendation form to each person from whom you are soliciting a recommendation.

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 submit your recommendation to gradadmissions@usf.edu

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
(paid or volunteer)

Professor