To be completed by applicant

Name ____________________________________________________________

(Please Print)

Applicant: Fill in the above and give to the person writing the recommendation. This recommendation must include at least one former instructor. The second person may be an employer or academic advisor.

To be completed by evaluator

The person named above is applying to the Bachelors in Social Work Curriculum in the College of Health and Human Services.

How well do you know the applicant?   ☐ Very Well   ☐ Fairly Well   ☐ Minimally

How long have you known the applicant? ____________________________________________

Identify the capacities in which you have been associated the with applicant:

☐ Classroom Instructor   ☐ Employer   ☐ Other ____________________________ (Please specify)

Please rate the applicant on the following points by entering a check (✓) in the appropriate columns.

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<th>Superior</th>
<th>Good</th>
<th>Average</th>
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<th>No Basis for Judgement</th>
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I voluntarily waive my right of access to this recommendation (under Public Law 93-380) so that it may be kept confidential.

(Signature of Applicant)

If no waiver is signed, Public Law 93-380 permits the student to inspect this recommendation.
In addition to the rating on the front, please give your evaluation of applicant in areas which we believe are important to effectiveness as a professional social worker. Faculty are particularly interested in your evaluation of the applicant’s potential for success in the Social Work baccalaureate degree program. Please assess the applicant’s academic and professional promise in the context of such personal qualities as intelligence, maturity, emotional stability, sound judgement, problem-solving, accountability, etc. Comparison of the applicant to others you have known in social work education or employment would be welcome.

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Among approximately ____________ students I have known in this field, I would rank this applicant in the upper ________%.

My recommendation to the Bachelors of Social Work Program is:

☐ Very Strong  ☐ Moderate  ☐ Marginal  ☐ I do not recommend

Please print your name: __________________________________________________________

Signature: _______________________________________________________________________

Position: ___________________________  Institution: _________________________________

Address: ___________________________  Telephone: _______________________________  

Email Address: _________________________________________________________________

Please send completed form to: Admissions Office
Governors State University
1 University Parkway
University Park, IL  60484-0975