

Recommendation Form

INSTRUCTIONS TO THE APPLICANT: Read and complete this section and provide it to your recommender along with a self-addressed, stamped envelope. The recommender must return the completed recommendation to you in the sealed envelope for submission, unopened, with your application packet. **Sign only if you are waiving access as specified below**

Under the provisions of the Family and Educational Rights and Privacy Act (FERPA), and applicable state law, you (if admitted and enrolled) will have access to the information provided below unless you waive such access.

I hereby waive my right of access to the information contained in this recommendation.

Signature of Applicant

Date

IF THERE IS NO SIGNATURE ABOVE, THIS RECOMMENDATION WILL BE TREATED AS NON-CONFIDENTIAL.

Applicant's Full Name (Please Print)

Recommender's Name (Please Print)

Applicant's Social Security Number or UM ID#

INSTRUCTIONS TO RECOMMENDER: The person named above is seeking admission to the Master of Social Work Program at the University of Michigan. Individuals who are accepted must be able to fulfill the intellectual requirements of the School and should possess personal qualifications essential to professional practice in social work. We greatly appreciate your assistance in our evaluation of this candidate. Please place this completed form and any accompanying letter(s) in the envelope provided by the applicant, seal, and sign across the seal. The applicant will submit the sealed envelope containing your recommendation to us as part of the application process.

1. How long have you known the applicant? _____
2. In what capacities have you known the applicant? (please select the appropriate boxes)

Professor
Research Supervisor
Academic Advisor
Supervisor
Field Instructor
Personal
Other
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 selecting the appropriate column.

Characteristic	Exceptional Upper 5%	Outstanding Next 15%	Very Good Next 15%	Good Next 15%	Next 50%	No Basis for Judgment
Intellectual Capability						
Leadership Skills						
Sense of Responsibility						
Ability to Work with People						
Integrity						
Ability to Adapt to New Situations						
Ability to Make Sound Judgements						
Ability in Oral Communication						
Ability in Written Communication						
Concern for the Well-being of Others						
Motivation for Chosen Field						

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

Highly Recommended Recommended Recommended with Reservations as Noted Below Not Recommended

5. It is very important to the School, 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 Recommender: _____ Date: _____

PRINTED Name of Recommender: _____

Title: _____

Business Name/Dept: _____

Business Address: _____

Business Phone: _____ Email Address: _____

Are you a University of Michigan Alumnus/a? YES NO If yes, degree rec'd: _____

Do you have a M.S.W.? YES NO If yes, year rec'd: _____ College/University: _____

Do you have a Ph.D.? YES NO If yes, year rec'd: _____ College/University: _____
