



REFERENCE FORM FOR APPLICATION TO THE MASTER OF SOCIAL WORK PROGRAM

For Student Use Only:	
First Name	Middle Initial Last Name
	WSU ID Number
accordance with the Family	CATE: Our right to have access to a specific Letter of Reference written about you in Education Rights and Privacy Act of 1974, by signing and dating this certificate. I m all my rights to have access to the Letter of Reference described in this form.
Student Signature	Month Day Year
Your candid assessment of the approach make comments which express, class	s, personal friends and coworkers (Non-Supervisors) are UNACCEPTABLE. NO high accepted. Dicant named above will greatly assist the Admissions Committee. We encourage you to arify and reinforce your opinions regarding this applicant's strengths and weaknesses, fession of Social Work. Thank you for your assistance with this process.
In what capacity do you know th	is applicant ?
○Employee ○Student ○V	olunteer Other, please specify
How long have you known the a	pplicant ? Years Months
First Name	Middle Initial Last Name
Address	City
State Zip/Postal Code	Phone Number Fax Number
Agency or Organization	
Title and Degree	Email

Summary Evaluation:

Using the chart below, please rate the applicant relative to other employees or students whom you have known in a similar capacity.

	Below Average	Average	Above Average	Excellent	(Top 5%) Outstanding	No Basis For Judgment
Academic Performance	\circ	\bigcirc	\circ	\circ	0	\circ
Intellectual Potential	\circ	\circ	\bigcirc	\circ	\circ	\circ
Ability to Work with Others	\bigcirc	0	\circ	\circ	\circ	\circ
Emotional Stability	\circ	\circ	\bigcirc	\circ	\circ	\circ
Tolerance of Individual Differences	\circ	\circ	0	\circ	0	0
Responsibility	\bigcirc	\bigcirc	\circ	\bigcirc	\circ	\circ
Oral Communication Skills	\circ	\circ	0	0	\circ	\circ
Written Communication Skills	\circ	\circ	\bigcirc	\circ	\circ	\circ
Ability to Analyze a Problem and Formulate a Solution	\circ	\circ	0	0	\circ	0
Motivation for Study in Social Work	0	\circ	0	0	0	0
Concern with Social Issues	\bigcirc	\circ	\circ	\circ	\circ	0
Independence and Initiative	\circ	\circ	0	0	\circ	\circ
Leadership Skills	0	0	0	\circ	0	0
Please Indicate Overall Reco	mmendation :					
Highly recommend without reservation for admission	\ /	mmend	Recommer reservation	()	I do not recomm	end
Signature :	Signature :			Date :		