

MSW RECOMMENDATION FORM

**Applicant:** Print your full name, the recommender’s name, the semester/year applying for, and your student ID number on this form, if you are a University of Missouri System graduate. Give a copy of the form to each recommender, either as an email attachment or in hard copy. See the Recommendation Form instruction sheet for details. **Please note: an incomplete form may weaken your application.** TechNote – forms may arrive blank if using a mobile device and/or Preview (MAC).

Applicant's Name: \_\_\_\_\_ Application Deadline: \_\_\_\_\_ Student ID: \_\_\_\_\_  
(type or print) (UM System Grads only)

Recommender's name: \_\_\_\_\_  
(type or print)

Under the provisions of the Family Educational and Privacy Act of 1974, and applicable state law, you (if admitted and enrolled) will have access to 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 you do not sign the above line, this evaluation will be treated as non-confidential.]

**Recommender:** The person named above is seeking admission to the MSW Program at the University of Missouri-St. Louis and has selected you to provide a recommendation. Drawing from your experience with the applicant, we would very much appreciate your candid assessment of the applicant’s aptitude for graduate-level studies and potential for professional practice. This form must be received in the UMSL School of Social Work by March 1 for fall admission, or October 15 for spring admission. Please contact the MSW Program office at 314-516-7665 with any questions. Please type or print your responses. TechNote – forms may arrive blank if using a mobile device and/or Preview (MAC).

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Affiliated Organization: \_\_\_\_\_

Contact address: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**EVALUATION** - Please reflect on the academic and personal qualifications of this individual as you complete this form.

1. How long and in what capacity have you known the applicant?

2. I know the applicant:           Very Well                      Fairly Well                      Not Very Well

3. Using the chart on the next page, please rate each item according to your best perceptions of the applicant’s ability in comparison with others you have known at similar stages of their careers. Your rating is among several major factors taken into account in our admissions process. Your entirely candid response is important. Help us understand strengths and challenges the candidate faces as a potential MSW student. Your written comments provide opportunity for elaborating on your ratings and may be provided in a separate letter.

Applicant's name: \_\_\_\_\_

Characteristics	Exceptional (Upper 10 %)	Very Good (Upper 25 %)	Average (Upper 50%)	Below Average (Lower 50%).	Cannot Rate
<b>A. Academic Skills</b>					
1. Critical thinking					
2. Written Communication					
3. Oral Communication					
4. Intellectual Curiosity					
5. Ability to Consider Opposing Viewpoints Non-judgmentally					
6. Creativity and Originality					
<b>B. Professional Skills</b>					
1. Self-awareness					
2. Commitment to Social Work Values & Ethics					
3. Ability to Cope with Ambiguity					
4. Emotional Stability and Maturity					
5. Motivation & Seriousness of Purpose					
6. Honesty & Integrity					
7. Quality of Work					
8. Leadership					
9. Reliability/Dependability					
10. Positive Response to Criticism/Supervision					
11. Sound Judgment					
12. Professionalism					
13. Openness to Change					
14. Empathy					
15. Commitment to Social Justice					
16. Acceptance of Diversity					
17. Cultural Sensitivity & Competence					
18. Interpersonal Relations					
19. Organization/Planning					
20. Conflict Management & Resolution					
21. Ability to Work With Distressed, Oppressed, Suffering Persons					

4. What do you consider to be the applicant's greatest strengths?

5. In what area(s) does the applicant need further development?

6. Other comments:

7. Please indicate your overall endorsement of the applicant:

Highly Recommend

Recommend

Not Recommend

Recommend with reservations as noted below:

**Signature of Recommender**

**Date:**

**Thank you for helping us to evaluate this candidate.** Letters and forms may be submitted via email to [socialwork@umsl.edu](mailto:socialwork@umsl.edu) from your professional email address. Hand signed forms and letters may be submitted via fax to 314-516-6416; or mailed directly to the School of Social Work, MSW Program Office, 469 SSB (Social Science and Business Building), University of Missouri-St. Louis, One University Blvd., St. Louis, MO 63121-4499 and must arrive in a sealed envelope with your signature along the flap.