

**This section to be completed by the APPLICANT:**

Applicant's Name \_\_\_\_\_ SS# \_\_\_\_\_

Email addresses \_\_\_\_\_ phone: \_\_\_\_\_

Please **print** your reference's name: \_\_\_\_\_

Please submit three references from people who are in a position to provide statements concerning your academic qualifications, your recent or current employment, or your personal qualifications for entry into graduate school education. At least one of the letters should be an academic reference regarding your college experience and at least one letter should be provided from the most recent employer, if ever employed in social work or a related field. Each reference person should be provided this form.

For the convenience of the person completing this form, you should provide a stamped envelope addressed to the School of Social Work (address listed on the back of this form). Your signature is required on this form.

Under the Family Educational Rights Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review this recommendation, or you may decline to do so. If you waive your right to review your recommendation forms, these evaluations will be considered confidential by The University of Iowa and **will not be available** for your inspection or released to any third party. (Note: Applicants **not** approved for admission have **no** access to their file). Please mark the appropriate statement below, indicating your choice of options, and sign your name. Your choice has no bearing on admission decisions.

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

Applicant's Signature (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_

Name (PRINT): \_\_\_\_\_ Applying to Center:  Iowa City  Des Moines  Quad Cities

**This section to be completed by the REFERENCE WRITER:**

You have been asked to complete an evaluation of the above named individual who is applying for admission to the Graduate School of Social Work in order to obtain the Master of Social Work (M.S.W.) degree. Your candid opinion will be of great assistance to us in evaluating her/his application. Your comments will be confidential if the applicant has waived rights of review. All recommendations are destroyed once an applicant has matriculated. (Note: Applicants **not** approved for admission have **no** access to their file).

- How long and in what capacity have you known the applicant? \_\_\_\_yrs. \_\_\_\_mos. relationship: \_\_\_\_\_
- Please rate the applicant relative to other students, employees, or people interested in social work whom you have known:

	Exceptional (top 5%)	Superior (top 10%)	Good (top 25%)	Average (top 50%)	Below Average (bottom 50%)	Not Observed
Sensitivity and capacity for accepting differences in race, class, culture, lifestyles and ideas						
Academic performance						
Intellectual ability						
Maturity/emotional stability						
Oral communication skills						
Written communication skills						
Openness to learning with capacity to change; ability to think critically						
Capacity for leadership						
Ability to work with others						
Attitudes and behaviors reflecting social work values and ethics						
Interpersonal skills						

**PLEASE COMPLETE AND SIGN THE OTHER SIDE**

3. If on the previous ranking you rated the applicant particularly high or particularly low on any item, please comment.

4. Success as a social worker requires intelligence, maturity, sound judgment, compassion, self-awareness, adaptability, a sense of responsibility and resourcefulness. Please assess the applicant's academic and professional promise within this context. We would appreciate your general comments as well as specific examples of the applicant's experiences as they reflect a desire and ability to enter the profession of social work. (Feel free to attach separate letter)

5. Please check one:

I recommend highly.

I recommend.

I recommend with reservations.

I do not recommend.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name(print or type) \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Please print applicant's name: \_\_\_\_\_

Thank you for submitting this reference as soon as possible. Please note the admissions deadline is February 1<sup>st</sup>, 2007.

**SEND COMPLETED FORM TO:**            **The University of Iowa**  
   **School of Social Work**  
   **Room 308 North Hall**  
   **Iowa City, IA 52242**  
   **Attention: Admissions Secretary or FAX: 319-335-1711**

If you have questions about this form, call 319-335-1255, or 1-800-553-4692-ask for the school of Social Work, or email: [susan-dirks@uiowa.edu](mailto:susan-dirks@uiowa.edu)