

UH Graduate College of Social Work  
 Attn: M.S.W. Admissions Office  
 110HA Social Work Building  
 University of Houston  
 Houston, Texas 77204-4013

Applicant's Name: \_\_\_\_\_

## RECOMMENDATION FORM – M.S.W. PROGRAM

**TO THE APPLICANT:** This form is to be given to **professors** or **professionals** who are able to comment on your qualifications for graduate study in social work. For the convenience of the person completing this form, you should provide a stamped envelope addressed to the Graduate College of Social Work (address listed above). **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 Houston and **will not be available** for your inspection should you be accepted for admission to this program. Please mark the appropriate statement below, indicating your choice of option, and sign your name.

\_\_\_\_\_ 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) \_\_\_\_\_

**TO THE EVALUATOR:** You have been asked to complete an evaluation of the above named individual who is applying for admission to the Graduate College 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 been approved for admission. (Note: Applicants not approved for admission have no access to their file.)

To help the GCSW Admissions Committee make an informed decision on the applicant's readiness for professional education in social work, please answer the following questions:

**1. HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?**

**2. PLEASE EVALUATE THE APPLICANT IN EACH OF THE FOLLOWING AREAS:**

	Poor	Below Average	Average	Above Average	Excellent	Unable to Evaluate
Intellectual Capacity						
Integrity						
Emotional Maturity/Stability						
Creativity						
Oral Communication Skills						
Concern for Social Problems						
Interpersonal Skills						
Sensitivity to and capacity for accepting differences in race, class, culture, lifestyles and ideas						
Ability to accept constructive feedback						
Openness to learning with capacity to change						

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**3. IN YOUR OPINION, WHAT ARE THE APPLICANT'S MAJOR STRENGTHS?**

**4. IN YOUR OPINION, WHAT ARE THE APPLICANT'S WEAKNESSES?**

**5. ADDITIONAL COMMENTS**

**PLEASE INDICATE YOUR OVERALL RECOMMENDATION FOR THIS APPLICANT'S ADMISSION BY PLACING AN "X" ALONG THE SCALE BELOW:**

Not Recommended	Recommended with Reservations	Recommended	Recommended Highly
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We appreciate your promptness and cooperation in completing this evaluation. The applicant's materials will not be reviewed by the Admissions Committee until all recommendations are received. Note: You may attach your business card if you wish.

Signature of Evaluator: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Position and Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank You!**