

**THE UNIVERSITY OF TEXAS AT AUSTIN SCHOOL OF SOCIAL WORK  
 MASTER OF SCIENCE IN SOCIAL WORK PROGRAM REQUEST FOR REFERENCE-FACULTY LIAISON**

**This portion to be completed by applicant:**

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

UT EID: \_\_\_\_\_

Semester/Year for which you are applying: \_\_\_\_\_

Name of person providing reference: \_\_\_\_\_

Under provisions of the Family Educational Rights & Privacy Act of 1974, I waive my right of access to this recommendation;  
 The University of Texas at Austin may, therefore, consider it to be confidential:

I do  I do not waive my right to access this form and the information contained in it.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**This portion to be completed by the individual providing the reference:**

The person named above is applying for admission to our Master of Science in Social Work degree program and has given your name as a reference. Undergraduates with a bachelor's degree from a CSWE accredited program may be eligible for post-BSW status, enabling them to complete the MSSW in only one year. Your candid assessment of the applicant's readiness for field instruction at the advanced Master's level would be greatly appreciated. Please complete this form, place it in a sealed envelope with your signature across the seal, and return the envelope to the applicant. **A letter of reference for the applicant may be attached to this form.**

**A. In what capacities and for what length of time have you known the applicant?**

**B. Please compare this applicant in terms of other graduate school candidates whom you have known:**

	Exceptional Top 1%	Superior Upper 10%	Very Good Upper 15%	Above Average Up- per 25%	Average Upper 50%	Below Average Lower 50%	Unable to Evaluate
Academic Ability & Potential							
Commitment to Social Justice							
Written Communication Skills							
Oral Communication Skills							
Creativity & Imagination							
Emotional Maturity & Stability							
Leadership Ability							
Self Awareness							
Ability to Respect and Work with Others							
Willingness to Accept Direction and Supervision							

C. Please indicate your recommendation for this applicant's admission:

Highly recommend  Recommend

Recommend with some reservation  Do not recommend

D. Do you recommend this applicant for the post-BSW program?  Yes  No

E. Please use the space below to comment on the applicant's overall field work performance:

F. Please use this space to comment on the applicant's strengths as a candidate for advanced social work education and ability to move directly into the final field placement:

G. Please comment on any areas that will require attention during graduate study:

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*When complete, please place this form in a sealed envelope with your signature across the seal, and return the envelope to the applicant. We sincerely appreciate you taking the time to share your impressions of the applicant with us.*