



School of Social Work Master's Program Reference Form

APPLICANT: Please complete the following information.

Name of Applicant (Last/First/Middle) Phone Number

Address (Number Street/City/State/Zip) E-mail

Name of Reference Person (Please print)

READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR CHOICE:

The Family Educational Rights and Privacy Act of 1974 entitles students to have access to letters of evaluation unless they waive the right.

- I do waive my right of access to this letter of evaluation.
I do not waive my right of access to this letter of evaluation.

To waive your right of access, sign your name on the line below the following statement.

I, the undersigned, hereby waive all rights or privileges provided by Public Law 93-360 to inspect or challenge the content and comments appearing in this letter of recommendation. I agree that the observations made in this letter should be confidential between the writer and the University of Arkansas at Little Rock School of Social Work.

Applicant Signature Date

REFERENCE PERSON: Please complete the following information.

The person named above is applying for admission to the Master of Social Work program at the University of Arkansas at Little Rock and has given your name as a work or academic reference. Your assessment of this person will assist the School of Social Work Admissions Committee. If the applicant has waived his/her right of access above, your comments will be held completely confidential.

Please complete both sides of this form and return before the application deadline. If additional sheets of paper are needed, please staple them to the form.

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

Evaluate the applicant as fairly as you can in each category by placing a "✓" in the appropriate column.

Table with 6 columns: Category, Poor, Average, Good, Outstanding, Unable to Judge. Rows include Intellectual Ability, Academic Achievement, Creative Qualities, Maturity and Emotional Stability, Leadership Potential, Initiative, Ability to Express Ideas and Feelings Verbally, Ability to Accept Constructive Feedback, Ability to Communicate in Writing, Capacity to Respect Differences in Race, Class, Culture, Lifestyles, and Ideas, Flexibility, Concern for Others and Social Problems, Integrity.

We are especially interested in your comments regarding this applicant's aptitude for graduate study and a career in social work.

What do you consider to be the applicant's major strengths?

In what areas does the applicant need further development?

SUMMARY EVALUATION

- I *do not recommend* this applicant for admission to the graduate program in social work.
- I believe the applicant's qualifications are *marginal*, but the applicant has potential and would benefit from study in the program.
- I *recommend* this applicant for admission and believe his/her performance should be comparable to that of most graduate students.
- I *strongly recommend* this applicant for admission and believe he/she has the capacity to perform at a superior level.

Evaluator's Signature Date Phone

Address Position/Title Agency

THANK YOU

If you have questions, please call the department at 501.569.3240.

Deadlines

- Full-time Fall Admission – **May 1**
- Part-time Fall Admission – **June 1**
- Full-time Advanced Standing – **March 1**
- Part-time Spring Admission – **Nov. 1**