

**REQUEST FOR RECOMMENDATION
MASTER OF SOCIAL WORK PROGRAM
UNIVERSITY OF MINNESOTA, DULUTH**

TO THE APPLICANT

Give one form to each recommender. Fill in your name and supply the information requested under "Provisions of the Family Education Rights and Privacy Act of 1974."

Applicant's Last Name	First	Middle/Maiden
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PROVISIONS OF THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974

gives you the right to retain or waive your right of access to this recommendation. Please fill in the appropriate space below, and sign this form.

_____I retain my right to access to this recommendation.

_____I waive my right to access to this recommendation.

Applicant's signature	Date
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TO THE RECOMMENDER

Before you submit your recommendation, please review the Privacy Act statement above.

PLEASE COMPLETE THE CHECKLIST BELOW (see reverse side for further explanation)

Please rate the applicant in comparison to other students you have known seeking admission to a graduate program. Place a check mark at the appropriate percentile rating. **Please include and attach a letter of recommendation to this form since applicants will be evaluated on your narrative description as well as on your objective ratings.**

	Top 10% 90 th percen- tile or above	Next 20% 70 th -89 th percentile	Middle 40% 30 th -69 th percentile	Lowest 30% Below 30 th percentile	Unable To judge
Intellectual/Analytical ability	_____	_____	_____	_____	_____
Problem-solving ability	_____	_____	_____	_____	_____
Organizational ability	_____	_____	_____	_____	_____
Ability to practice in a Multi-cultural environment	_____	_____	_____	_____	_____
Stress Management Skills	_____	_____	_____	_____	_____
Leadership ability	_____	_____	_____	_____	_____
Conducts self in ethical manner	_____	_____	_____	_____	_____
Written communication	_____	_____	_____	_____	_____
Oral communication	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Teamwork	_____	_____	_____	_____	_____
Ability to learn & utilize constructive feedback	_____	_____	_____	_____	_____
Overall professional maturity	_____	_____	_____	_____	_____

Request for Recommendation, Page 2

In a separate letter, please provide an assessment of the applicant's major strengths and weaknesses in relationship to the categories we've listed on our rating sheet, as well as other skills or abilities you believe to be important for the MSW level social work. If you have supervised the applicant in a direct practice or people-serving situation, please provide your evaluation of his or her performance. State how long you have known the applicant and in what capacity (i.e., former instructor, employer, professional colleague).

Name

Date

Address

Title and Affiliation

We welcome any additional information that you believe is important and useful in helping us to evaluate an applicant's potential for social work education and practice.

The Admissions Committee thanks you for your assistance in evaluating this applicant. Reference letters must be received by the application deadline for an applicant to be considered.

DEADLINE FOR FALL ADMISSION IS JANUARY 11, 2008

Return form to applicant in a sealed envelope with your signature on envelope.