



LETTER OF RECOMMENDATION

TO THE APPLICANT

This recommendation will be part of your file to be reviewed before admission to the Master of Social Work program. If you matriculate at Asbury University, you may have access to its contents, unless you voluntarily waive your right of access. Please check one of the following boxes:

- I hereby waive my legal right to review this recommendation
- I hereby do not waive my legal right to review this recommendation

Name of Applicant Phone Number

Address _____
Street Address City State Zip

Applicant's Signature _____

Reference Type: Academic Work-related Character

TO THE RECOMMENDER

_____ is applying for admission to the Master of Social Work program at Asbury University. Please complete this form. This information will be kept confidential and will only be used by the Admissions Committee to evaluate this student's admission to the program.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____



CANDIDATE CHARACTERISTIC CHART

In your best judgment, rate the applicant on the following characteristics using a scale of **1=Below Average** to **5=Excellent**. If you do not have a basis by which to judge the applicant, circle NA.

	Below Average					Excellent
	1	2	3	4	5	
1. Emotional Stability	1	2	3	4	5	NA
2. Self-Confidence and Assertiveness	1	2	3	4	5	NA
3. Ability to Accept Constructive Criticism	1	2	3	4	5	NA
4. Intellectual Ability	1	2	3	4	5	NA
5. Oral Communication Skills	1	2	3	4	5	NA
6. Written Communication Skills	1	2	3	4	5	NA
7. Interest in and Motivation for the Social Work Profession	1	2	3	4	5	NA
8. Ability to Form and Maintain Positive Relationships	1	2	3	4	5	NA
9. Ability to Work with Diverse Groups	1	2	3	4	5	NA
10. Leadership Qualities	1	2	3	4	5	NA
11. Values and Ethics Consistent with Social Work	1	2	3	4	5	NA

CONTACT INFORMATION

Asbury University: Office of MSW Studies | One Macklem Drive | Wilmore, Kentucky 40390
Phone: 859-858-3511 Ext. 2256 | Fax: 859-858-3921 | Email: MSW@asbury.edu | asbury.edu/msw

SUMMARY EVALUATION

4. Indicate your summary evaluation by placing an X in the appropriate spot on the line below:

Not Recommended	Recommended with Reservations	Highly Recommended
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Signature of Recommender _____ Date _____

Name of Recommender (print) _____

Title _____

Agency/Organization/School _____

Address _____

RETURN LETTER OF RECOMMENDATION TO:

Office of MSW Studies
Asbury University
One Macklem Drive
Wilmore, Kentucky 40390

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