

Applicant Last Name: _____ First Name: _____

Instructions to Applicant: This form should be given to individuals who can attest to your ability, potential and readiness for graduate education and professional social work practice. A total of three (3) recommendation forms with the required letter of support from each of your recommenders is required for your admission file to be complete. Two (2) recommendations must be Academic (college instructors, internship supervisors) and the remaining one (1) recommendation must be a Professional (Work/Volunteer) Reference. Family friends, clergy, therapist and high school teachers are not appropriate. Applicants who have been out of school for 2 or more years and cannot ascertain academic references may substitute other professional recommendations for academic. For any applicant, if two are not academic recommendations and one is not professional, please include a statement and email this to sw@lsu.edu with your application explaining the reason for the substitution. It is strongly recommended that if an internship was part of the degree program and the internship has been completed at the time of application, a recommendation from the internship supervisor be included as the professional recommendation. Complete your name, recommendation type and the access information below. Send this form to your recommender and follow up to make sure it is completed and sent to the School of Social Work by the deadline date.

In accordance with (FERPA) Family Education Rights and Privacy Act of 1974, a student has access to their educational record, including letters of recommendation. However, a student may waive the right to review this recommendation, in which case, the letter of recommendation will be held in confidence and not reviewed by the student. Failing to check the appropriate box will automatically waive your access to view this recommendation. Check the appropriate box and sign below/type your name prior to sending this form to the recommender. Typing is legally equivalent to your signature and constitutes your certification that the information provided is accurate to the best of your knowledge.

Do you wish to waive your right to examine this letter of recommendation? Yes ___ No ___

Recommendation Type: Academic _____ Professional (work/volunteer) _____

Signature: _____ Date: _____

Instructions to Recommender: The LSU School of Social Work is seeking individuals who possess the personal qualifications essential to professional social work practice and the academic credentials to successfully fulfill the scholastic requirements while coping with the demands of graduate education. We ask that you complete this form and attach a letter of support to this recommendation. After you have completed this form and your letter, you may mail it to the address below or scan the form and letter to sw@lsu.edu. Do not return this letter to the applicant.

Name: _____

Title or Position: _____

Organization/Company: _____

Address: _____

Phone: _____ Email: _____

Please mail or scan the completed form to:

LSU School of Social Work
MSW Admissions Committee
313 Huey P. Long Fieldhouse
Baton Rouge, LA 70803
Email to scan: sw@lsu.edu

In what capacity have you known the applicant?

How long have you known the applicant?

Please rate the applicant in each of the following categories by circling the appropriate number.

	Below Average			Average			Above Average			Unable to Rate
Knowledge	1	2	3	4	5	6	7	8	9	0
Intelligence	1	2	3	4	5	6	7	8	9	0
Academic Abilities	1	2	3	4	5	6	7	8	9	0
Carries Out Assignments	1	2	3	4	5	6	7	8	9	0
Social Awareness	1	2	3	4	5	6	7	8	9	0
Professional Commitment	1	2	3	4	5	6	7	8	9	0
Maturity	1	2	3	4	5	6	7	8	9	0
Stability	1	2	3	4	5	6	7	8	9	0
Motivation	1	2	3	4	5	6	7	8	9	0
Initiative	1	2	3	4	5	6	7	8	9	0
Leadership	1	2	3	4	5	6	7	8	9	0
Interpersonal Skills	1	2	3	4	5	6	7	8	9	0
Openness	1	2	3	4	5	6	7	8	9	0
Empathy	1	2	3	4	5	6	7	8	9	0
Judgment	1	2	3	4	5	6	7	8	9	0
Communication Skills	1	2	3	4	5	6	7	8	9	0
Creativity	1	2	3	4	5	6	7	8	9	0
Resourcefulness	1	2	3	4	5	6	7	8	9	0
Integrity	1	2	3	4	5	6	7	8	9	0
Potential to Succeed	1	2	3	4	5	6	7	8	9	0

In rating the applicant, who is your basis of comparison? Please check all that apply.

Other students ___ Other employees ___ Other volunteers ___ Other _____

What is your overall recommendation of the candidate?

Highly Recommend ___ Recommend ___ Recommend with Reservations ___ Not Recommended ___

In the required letter of support, please address

- The applicant's strengths in knowledge, attitudes and skills or other outstanding attributes
- The applicant's deficits or areas of growth
- If you are providing a professional recommendation, describe the duties of the applicant and their performance
- If you are providing an academic recommendation, describe the applicant's academic performance
- If you did not recommend or recommended with reservations, please explain your concerns