



**REFERENCE FOR ADMISSION
TO THE SOCIAL WORK PROGRAM**

TO BE COMPLETED BY APPLICANT

If this letter is to be included in your file, you must sign and indicate whether you wish to waive your right to access.

Recommendation for _____
Name of Applicant (please print)

I am aware of my rights under the Family Rights and Privacy Act of 1974 to have access to letters of recommendation written on my behalf.

- It is my desire that this letter be written in confidence, and I, therefore wish to waive my rights of access to this letter.
 I wish to retain my rights of access.

Applicant's Signature _____ Date _____

Note: Please enclose a self-addressed, stamped, return envelope for those who must mail in their reference for you.

REFERENCE: *The applicant named above is applying to the Social Work Program at Lourdes University. Based on your association with the applicant, please comment on the following:
(Circle the appropriate rating, five being the highest.)*

PERSONAL QUALITIES: 1 2 3 4 5

General appearance, integrity, emotional stability, maturity, interpersonal skills, self-direction, values

INTELLECTUAL QUALITIES: 1 2 3 4 5

General intelligence, creativity, resourcefulness, insight, communication skills, sound judgment

SOCIAL QUALITIES: 1 2 3 4 5

Leadership, cooperation, responsibility, poise, tact, ability to work successfully in a multicultural setting

Please comment generally regarding your estimate of this candidate's probability of success in the field of social work.

To what capacity have you known the applicant? _____

How long have you known the applicant? _____

To what extent do you feel that you know the applicant?

_____ Very Well _____ Moderately Well _____ Not Very Well

Based on my knowledge of the applicant, I would:

- _____ recommend this student for admission to the social work program
- _____ not recommend this student for admission to the social work program
- _____ recommend additional screening (please explain below)

Explanation of recommendation or additional comments: _____

Thank you for your time.

Signed: _____ Date: _____

Name Printed: _____ Title: _____

If other than Lourdes University faculty, please provide us with additional information:

Organization: _____

Address: _____ Phone _____

Please mail this form to: Lourdes University
Attention: Social Work Program Director – Assisi Hall
6832 Convent
Sylvania, OH 43560

(Use campus mail if on campus)