

BARRY UNIVERSITY

School of Social Work Recommendation Form

Confidential



School of Social Work, Office of Admission
Powers Bldg., 11300 N.E. Second Avenue, Miami Shores, Florida 33161-6695
(305) 899-3900 • Toll-Free (800) 695-2279, x 3900 • Fax (305) 899-3934 • e-mail: sswadm@mail.barry.edu

TO THE APPLICANT: Print or type your name and address below and give this form to a person (employer, supervisor, head of department, academic advisor, or one of your professors) who knows you well enough to evaluate your qualities and abilities. Please provide this individual with an appropriately addressed, stamped envelope.

Applicant's Name _____
Last First Middle

Address _____
Street City State ZIP

The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enroll, to aid in advising and otherwise assisting you. Under the provisions of the Family Educational Rights and Privacy Act of 1974, you have the right, if you enroll at Barry, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please check the appropriate box below:

I waive do not waive any right of access that I may have to this recommendation form.

Applicant's Signature _____ Date _____

TO RESPONDENT: The above-named person is applying for admission to our Master of Social Work program. You have been chosen by the applicant to aid us in the selection process by supplying a confidential evaluation of his/her ability. We would appreciate it if you would comment briefly on the applicant's strengths and/or weaknesses as indicated below. (*Please print or type.*)

Your Name Position or Title

Company/Institution Address

Please comment on the following:

1. In what capacity and for how long have you known the applicant? If you have personal knowledge of any experience the applicant has had in the broad areas of social service, indicate the nature of this experience and your assessment of the applicant's performance.
2. What do you consider the applicant's major strength as a candidate for professional education in social work?
3. In what areas, and to what degree, does the applicant need to be strengthened as a potential professional social worker?

(over)

4. Please give your impression of the applicant's rating in the following areas:

	Poor	Average	Good	Out-standing	Unable to Judge
a. Openness to new learning on a graduate level	_____	_____	_____	_____	_____
b. Ability to learn and conceptualize the knowledge base of his/her profession	_____	_____	_____	_____	_____
c. Breadth and depth of applicant's life and/or practice experiences	_____	_____	_____	_____	_____
d. Potential for imaginative, resourceful, and creative thinking	_____	_____	_____	_____	_____
e. Ability to express self orally and in writing	_____	_____	_____	_____	_____
f. Potential for sustaining a variety of positive interpersonal relationships which reflect sensitivity to individual differences	_____	_____	_____	_____	_____
g. Emotional stability and personal maturity	_____	_____	_____	_____	_____
h. Potential for growth in self-understanding and self-evaluation	_____	_____	_____	_____	_____

5. Summary Evaluation:

- _____ I do *not recommend* this applicant for admission to the Barry University School of Social Work graduate program.
- _____ I feel that the *applicant's qualifications are marginal*, but if admitted, the applicant would greatly benefit from study in the program.
- _____ I *recommend* this applicant for admission and feel his or her performance should be comparable to that of most graduate students.
- _____ I *strongly recommend* this applicant for admission and feel that he or she has the capability to perform at a superior level.

Signature

Title

Company/Organization

Telephone

Date

Thank you for your helpfulness.

Questions?: Call 305-899-3900 or 1-800-695-2279.

You may return this form to the applicant in a sealed envelope for submission with his/her application packet, or you may mail it directly to:

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