

# Applicant Recommendation

Mns \_\_\_\_  
Lma \_\_\_\_  
Mrn \_\_\_\_  
Nwk \_\_\_\_

The Ohio State University  
College of Social Work

## To the applicant:

Please complete the top portion of this form and present it to a person who has sufficient knowledge of your ability and performance to respond to the questions below.

Applicant's Name \_\_\_\_\_ Degree Sought \_\_\_\_\_

Admission is sought for \_\_\_\_\_ Quarter, 20\_\_\_\_\_.

The Family Educational Rights and Privacy Act of 1974, as amended, (P.L. 93-380), allows a candidate for admission, employment or receipt of honors to waive his or her right of access to confidential letters or statements written in his or her behalf if the recommendation is used solely for the purpose of admission, employment, or the receipt of honors and if the candidate, upon request, is notified of the names of all persons making such recommendation on his or her behalf. The University does not require that you make such a waiver as a condition for admission or award of fellowship. However, under the legislation you have the option of signing such a waiver. Indicate below whether you choose to waive your right of access to this recommendation and any appropriate attachments in behalf of your application for admission to The Graduate School, The Ohio State University, and award of fellowship, if applicable. This waiver is effective insofar as the recommendation is used solely for the purpose of admission or award of fellowship, if applicable.

I choose to \_\_\_\_ waive \_\_\_\_ not waive my right of access to this recommendation written

by \_\_\_\_\_ and any other appropriate attachment which have been  
Name of Recommender

written by the recommender named below.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## To the recommender:

The applicant has been asked to transmit this request to you as one who can give a meaningful appraisal of his or her potential for graduate social work study. The information may be provided on this form or, if you prefer, write a personal letter. The pending application will be considered incomplete until your response is received. Please complete both sides of this form.

Please type or print

Name of Recommender \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

I. How long, and in what connection, have you known this applicant?

II. Personal and professional appraisal: (please compare with graduate professionals or other students you have known)

Characteristics	Superior	Above Avg.	Average	Below Avg.	Inadequate Knowledge
A. Intellectual capability					
B. Knowledge of human services					
C. Professional potential					
D. Able to assume responsibility					
E. Ability to work with people					
F. Relates well to others					
G. Ability to adapt to new situations					
H. Ability to handle criticism					
I. General productivity					
J. Ability to utilize criticism					
K. Ability in oral communication					
L. Ability in written communication					
M. Ability to analyze situations					
N. Values peer relationships					

III. Recommendation Letter: Please include descriptive and evaluative comments that will assist in providing a complete picture of the applicant's abilities and potential as a graduate student and social worker. This must be done in a separate recommendation letter written and signed on your official academic or business letterhead.

IV. Please indicate strength of your overall endorsement by placing an "X" along the scale:

Highly Recommended	Recommended	Recommended with reservations noted above	Not Recommended
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Signature \_\_\_\_\_ Date \_\_\_\_\_

The volume of our applications prevents our personal acknowledgement of your reply. We want you to know, however, that we are aware of the time required and are most appreciative of your response. Thank you for your assistance.

Please return to:

**The Ohio State University  
MSW Program at Lima  
GA 135  
4240 Campus Drive  
Lima, OH 45804**