

Western New Mexico University
Department of Social Work-BSW
P.O. Box 680
Silver City, NM 88062
Voice 975-538-6421 Fax 575-538-6209

**BSW PROGRAM:
LETTER OF RECOMMENDATION**

Applicant's Name: _____

Under the federal Family Educational Rights and Privacy Act of 1974 (FERPA), students are entitled to review their record including letters of recommendation. However, persons who serve as a reference may feel more comfortable in fully addressing all issues if they know that their recommendations will remain confidential. You have the option of waiving the right to review your recommendation. Please indicate your choice concerning this right.

_____ I waive my right to review this recommendation.

_____ I do not waive my right to review this recommendation.

Applicant's Signature: _____

TO THE PERSON COMPLETING THIS RECOMMENDATION:

You have been selected by the person named above to evaluate his or her ability and readiness to enter a graduate program in social work. Your appraisal of this individual will help the BSW Admission Committee to make a decision about the applicant's capacity to benefit from this program.

KNOWLEDGE OF APPLICANT

1. What is the nature of your contact with this applicant?

2. Approximately how long have you known this applicant?

3. How well do you know the applicant?

1 2 3 4 5

Not very well

Very Well

4. On a scale of 1 to 5, how would you rate the applicant's chances of success in a BSW program?

	Probably Unsuccessful	Marginally Successful	Very Successful	
	1	2	3	4
				5

Please rank the applicant on the following knowledge, skills and abilities:

	Poor	Below average	Average	Above average	Outstanding
Knowledge of social work:	1	2	3	4	5
Writing ability	1	2	3	4	5
Verbal ability	1	2	3	4	5
Creativity	1	2	3	4	5
Problem Solving	1	2	3	4	5
Motivation	1	2	3	4	5
Maturity	1	2	3	4	5
Teamwork	1	2	3	4	5
Concern for others	1	2	3	4	5
Sensitivity to other cultures	1	2	3	4	5

What are the applicant's primary strengths?

What are the applicant's weaknesses?

What would the applicant contribute to the profession?

Would you recommend this applicant for admission to this BSW program?

Yes _____

With Serious reservations _____

No _____

Signature of respondent: _____ Date _____

Name (printed): _____

Title: _____ Institution: _____

Address: _____ City, State, Zip _____

Phone: _____ E-mail: _____

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