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**To be completed by the Applicant:**

Name of Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

I authorize the person named above to provide an evaluation of me to the Social Work Program at Central Michigan University. I understand that the Family Rights and Privacy Act of 1974 provides me with a right of access to this information. This right may be waived, but no school or person can require me to do so. If neither box is selected or if I have not signed below, then I have not waived my rights to access this information.

I waive my rights to access this information.       I do not waive my rights to access this information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Reference:**

The above named individual has applied for admission to the Social Work Program at Central Michigan University. Your assessment of the applicant will assist the Admissions Committee. PLEASE RETURN AS INDICATED ON THE SECOND PAGE. DO NOT GIVE THE ORIGINAL REFERENCE FORM TO THE APPLICANT. Thank you for your cooperation.

Date you received this form (optional): \_\_\_\_\_

In what capacity do you know the applicant?

\_\_\_ Instructor/Lecturer/Professor (Non Social Work)  
\_\_\_ Other (Please Specify) \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ (If this is for the current semester, this form may be completed and submitted at the end of the semester)

How well do you feel you know the applicant's strengths and areas for growth?

\_\_\_ Very Well    \_\_\_ Well    \_\_\_ Limited    \_\_\_ Not at all

Use 3 words to describe the student:

Comments:

Below, please rate the applicant relative to other students or employees you have known in the same field in recent years. Explain as needed.

| 1- problematic 2-below average 3-average 4-good 5-exceptional N- not observed                 |   |   |   |   |   |   |          |
|---|---|---|---|---|---|---|----------|
| The applicant:  | 1 | 2 | 3 | 4 | 5 | N | Comments |
| regularly attends classes.  |   |   |   |   |   |   |          |
| completes all assignments on time.  |   |   |   |   |   |   |          |
| is able to conceptualize organize, and communicate ideas in writing.                          |   |   |   |   |   |   |          |
| is able to conceptualize, organize, and communicate ideas verbally.                           |   |   |   |   |   |   |          |
| is able to establish and maintain positive relationships with peers.                          |   |   |   |   |   |   |          |
| is able to establish and maintain positive relationships with faculty/staff.                  |   |   |   |   |   |   |          |
| shows concern for social issues.  |   |   |   |   |   |   |          |
| is aware of and sensitive to issues of race, gender, age, sexual orientation, and disability. |   |   |   |   |   |   |          |
| displays a high level of maturity and stability, including reliability.                       |   |   |   |   |   |   |          |
| regularly exhibits good judgment in decision making and actions.                              |   |   |   |   |   |   |          |
| displays excellent academic performance/potential.  |   |   |   |   |   |   |          |

Below, provide your overall assessment of the student's appropriateness and readiness for social work. Please include comments if you have reservations about the student's admission to the program.

- Highly recommend the student to the social work program.
- Recommend the student to the social work program.
- Have some reservations, but would recommend the student for the social work program.
- Have some reservations and would not recommend the student for the social work program.
- Do not recommend the applicant to the social work program at this time.

Signature of reference \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Position \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Please fax, email or place in a sealed envelope and mail directly to:**

Central Michigan University  
 Social Work Program Admissions  
 034 Anspach Hall  
 Mt. Pleasant, MI 48859  
 (989) 774-2690 (Phone)  
 (989) 774-2140 (Fax)  
[swk@cmich.edu](mailto:swk@cmich.edu) (E-mail)