

REFERENCE FORM: COMPLETE AND RETURN TO APPLICANT. PLEASE TYPE OR PRINT

APPLICANTS NAME _____
 (Last) (First) (Middle/Other)

In accordance with the Family Education Rights and Privacy Act of 1974, I give permission to release confidential information for the purpose of application to the Master of Social Work Program. I do () I do not() waive my right to review this letter of reference.

Signature _____ Date _____

TO BE COMPLETED BY THE REFERENCE:

The above named is applying for admission to the Master of Social Work Program at California University of Pennsylvania. Your assessment of the applicant will assist the MSW Admissions Committee.

I. How long and in what capacity have you known this applicant? _____

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

Characteristics	Superior	Above Average	Average	Below Average	Inadequate Knowledge
1. Intellectual capability					
2. Academic performance					
3. Ability to assume responsibility					
4. Ability to communicate orally					
5. Ability to communicate in writing					
6. Relates well to others					
7. Ability to adapt to new situations					
8. Leadership capabilities					
9. Ability to utilize criticism					
10. Creativity					
11. Professional potential					
12. Self Discipline					

III. Comments. Please add description 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.

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

Highly Recommended Recommended Recommended with Reservations Not Recommend

Additional Comments:

Signature _____ Date _____

Print Name _____ Phone _____

Position _____

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