

**Millersville and Shippensburg Universities
Joint Master of Social Work Degree
Reference Form**

TO THE APPLICANT: Complete **Part A** and forward this form to the evaluator who will provide a reference. Please ask the evaluator to return this completed form to you in a sealed envelope so that you can return it with your full application packet.

PART A (to be completed by applicant):

Name of Applicant _____

Current Address _____

ALL APPLICANTS MUST READ AND SIGN THIS AUTHORIZATION FOR WAIVER*:

I understand my rights under the PA Right to Know Law and the U.S. Family Educational Rights and Privacy Act of 1974 to review confidential appraisals placed in my file that are submitted with reference to admission to a graduate or other school.

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

Applicant's Signature _____ Date _____

** Agreeing to waive your right to review this reference report is not required as a condition of admission to either Millersville or Shippensburg University for graduate study.*

TO THE EVALUATOR: Please complete **Part B** below and the **reverse** of this form. Return the completed form to the applicant in the envelope provided with your signature covering the seal on the envelope back. If you need to use additional sheets of paper, please staple them to this form. Your honest evaluation is greatly appreciated.

PART B (to be completed by evaluator):

In what capacity do you know the applicant (i.e. professor, supervisor, colleague)? _____

How long have you known the applicant? _____

What comparison group are you using for evaluation (i.e. undergrad social work students)? _____

Please mark the appropriate box to evaluate the applicant, in comparison with the group identified above, on each of the attributes listed below:

Attribute	Top 5%	Top 10%	Top 25%	Below top 25%	Unable to judge
Intellectual capacity					
Written communication skills					
Oral communication skills					
Cultural competence					
Leadership potential					
Commitment to social work values					
Emotional maturity and stability					
Potential for success in graduate work					

What do you see as the applicant's greatest professional strengths?

On what area(s) of growth and development do you think the applicant needs to focus?

What are other factors we should consider regarding this applicant?

Summary Evaluation:

_____ I highly recommend this applicant for admission.

_____ I recommend this applicant for admission.

_____ I do not recommend this applicant for admission.

Evaluator's Signature _____ Date _____

Please complete the following contact information by typing or printing legibly:

Name _____ Highest Degree Earned _____

Title _____ Institution/Agency _____

Address _____

Telephone Number _____ E-mail _____

Evaluators, please be sure that you have completed both pages of this form.

Thank you very much.

Office of Graduate Studies
P.O. Box 1002
Millersville University
Millersville, PA 17551-0302