

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

Directions 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. Three references are required from individuals with whom you have a professional academic or work relationship (i.e., professor or supervisor) with a minimum of one from a professor.

of one from a professor.					
PART A: TO BE COMPLETE	D BY APPLIC	ANT			
Name of Applicant					
ALL APPLICANTS MUST READ AND SIC	on this author	IZATION FOR W	AIVER*:		
I understand my rights under the PA Righ confidential appraisals placed in my file th					
☐ I do ☐ I do not waive my right to r	review this recomm	nendation.			
Applicant's Signature			Date		
*Agreeing to waive your right to review the Shippensburg University for graduate students	•	is not required as	a condition of ad	mission to either M	illersville or
PART B: TO BE COMPLETE	D BY EVALUA	ATOR			
Please complete Part B below and the second with your signature covering the seal on the form. Your honest evaluation is greatly ap	he envelope back.				
In what capacity do you know the applica	ant (i.e. professor, s	supervisor)?			
How long have you known the applicant?	·				
What comparison group are you using for	r evaluation (i.e. ur	ndergrad social wo	rk students)?		
Please mark the appropriate box to evalualisted below:	ite the applicant, ir	n comparison with	the group identifi	ed above, on each o	of the attributes
Attribute	Top 5%	Top 10%	Top 25%	Below Top 25%	Unable to Judge
Intellectual capacity					
Written communication skills					
0 1 2 2 120					

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 fo	ocus?
What are other factors we should consider regarding this applicant?	
Summary Evaluation:	
I highly recommend this applicant for admissionI recommend this applicant for admissionI do not recommend this applicant for admission.	
Evaluator's Signature Da	ate
Please complete the following contact information by typing or printing legible	ly:
Name Highest Degree Earn	ned
Title Institution/ Agency	
Address_	
Evaluators, please be sure that you have completed both pages of this form.	College of Graduate Studies & Adult Learning
Thank you very much.	P.O. Box 1002 Millersville University Millersville, PA 17551-0302