

University of Houston-Clear Lake
BACHELOR OF SOCIAL WORK
Recommendation for Applicant Admissions

Instruction to student applicant:

Complete the information below and give this form to an appropriate person who is familiar with your accomplishments, educational abilities, and/or your potential for professional achievement. Letters from personal friends and relatives will not be accepted. The form should be returned to you, *sealed in an envelope as described below.*

Three recommendations are required; please duplicate the form as needed.

Student Applicant Name: _____

Name of person writing recommendation: _____

Check one of the following statements and sign below.

_____ I waive the right provided by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to view this recommendation in my file at the University of Houston-Clear Lake.

_____ I do not wish to waive this right. Rather, I wish to retain the right to view this recommendation in my file at the University of Houston-Clear Lake.

***** Signature of student applicant** _____

To the Recommender:

The applicant whose name appears above is making application for the Bachelor of Social Work degree program at the University of Houston-Clear Lake. We would appreciate your candid appraisal of the applicant. Please feel free to attach a letter or additional page on your letterhead. Please be sure to save the form with a new name when you complete it and before you submit it. (Ex: BSWRecForm-StudentLastName-Yourlastname)

As required by the Family Educational Rights and Privacy Act of 1974, an applicant may either elect to waive or not waive the privilege of viewing this recommendation. If the applicant has not checked the waiver statement and signed above, you should consider this form to be non-confidential.

PLEASE RETURN THE FORM VIA EMAIL

Please email the form and any additional letter you may choose to write to: Heather Kanenberg, BSW Program Director at KanenbergH@uhcl.edu.

*We **must** receive the form in order for the student's application to be considered complete and to be reviewed for admission to the UHCL BSW Program. Additional letters are optional.*

1. How long and in what capacity (Instructor, supervisor, etc.) have you known the applicant?

2. Please take a moment to stop and consider the applicant, based upon the following criteria, relative to other persons (students or employees) you have known.

	Exceptional Top 5%	Excellent Top 10%	Above Avg. Top 25%	Average Top 50%	Below Avg. Lower 50%	Did Not Observe
Interpersonal Skills						
Creativity						
Academic background						
Academic potential						
Volunteer experience						
Emotional maturity						
Effectiveness in oral communication						
Effectiveness in written communication						
Ability to make productive use of critical feedback						
Comfort working with persons from diverse backgrounds or lifestyles						
Ability to understand complex issues from multiple perspectives						
Potential for success as a social worker						

3. What are the applicant's primary strengths and limitations? Please include any special or unique qualities or skills, or any other qualifications that you feel make this individual a viable candidate for our program.

4. What is your overall recommendation?

_____ Strongly recommend Recommend

Recommend with reservations - please explain:

Do not recommend – please attach an explanation.

Signature:

Date:

Phone:

Institution/Organization:

Position Title:

Email Address: