



This completed form, and any enclosed letter, must be received in the Social Work Department by January 15, 2021.

Master of Social Work Program

Recommendation Form

Instructions to the applicant: Electronic submission of recommendations is *strongly* preferred. If your recommender prefers to submit a hard copy recommendation, please read and complete this section and provide the entire form your recommender. The recommender may return the completed recommendation to you in the sealed envelope with their signature across the sealed flap, or mail it to the address below. If it is returned to you, the recommendation can then be delivered to the Department of Social Work or mailed to the address below. If your recommender prefers to complete an electronic recommendation, please enter their name and email address into the Social Work application and a link will be sent to them.

Under the provisions of the 1974 Family and Educational Rights and Privacy Act (FERPA), the applicant, if admitted and enrolled, will have access to the information provided on this form unless such access is waived.

By signing this form below, the applicant waives his/her rights to view this recommendation letter.

Signature of Applicant

Date

**IF THERE IS NO SIGNATURE ABOVE, THIS RECOMMENDATION
WILL BE TREATED AS NON-CONFIDENTIAL**

Applicant's Full Name

Recommender's Name

Instructions to the Recommender: The person named above is seeking admission to the Master of Social Work program at Cal State Fullerton. Individuals who are accepted must be able to fulfill the intellectual requirements of the program and should possess personal qualifications essential to professional social work practice. We greatly appreciate your assistance in our evaluation of this candidate. Please place this completed form and any accompanying letter in the envelope provided, seal, and sign across the sealed flap. You may either return the sealed recommendation to the applicant or mail it directly to the Department of Social Work at the address below. If you prefer to complete this recommendation electronically, please contact the applicant and ask them to enter your contact information into the Social Work application, and a link will be sent to you.

1. How long have you known the applicant? _____

2. In what capacities have you known the applicant? (check all boxes that apply)

Professor Instructor Academic Advisor Research Supervisor

Colleague Director Program Manager Supervisor Other

3. Using as a base of comparison other individuals whom you have known in the social work field in recent years, please indicate your evaluation of this applicant's ability and professional competence by placing an "X" in the appropriate category.

Characteristic	Exceptional Top 5%	Very Good Top 15%	Good Top 30%	Average Top 50%	Below Average Bottom 50%	No Basis For Judgment
Intellectual Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Adapt to Situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Make Good Judgments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Welfare of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for Chosen Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate your overall recommendation by checking the appropriate box below:

- Highly Recommended
 Recommended
 Recommended with Reservations as Noted Below
 Not Recommended

5. It is very important to the program, in its evaluation, to have any additional comments which will assist in assessing the applicant's probability of success in pursuing graduate social work education and future professional social work practice. Please attach a supplementary letter of recommendation with any additional comments.

Signature of Recommender: _____ Date: _____

Printed Name of Recommender: _____

Title: _____

Business Name/Dept.: _____

Business Address: _____

Business Phone: _____ Email: _____

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 Admissions Committee
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