



THE JOINT
MASTER OF SOCIAL WORK
PROGRAM



THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

RECOMMENDATION FOR ADMISSION

TO THE APPLICANT:

Please complete the information in this section, then forward this form to the person who is recommending you for graduate study. Three recommendations are required to complete your application to the Joint Master of Social Work Program.

Social Security Number:

--	--	--

Name: _____
Last First Middle

Address: (Street/P.O. Box) _____

City: _____ County: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____
area code area code

The Family Educational Rights and Privacy Act of 1974 (FERPA) provides you access to any letters of recommendation written about you. Please sign here to waive your right of access to this letter of recommendation.

signature: _____

TO THE PERSON COMPLETING THIS RECOMMENDATION:

You are requested to complete this form and return it as soon as possible to The Graduate School, University of North Carolina at Greensboro, 241 Mossman Building, Greensboro, NC 27402-6170.

How long have you known the applicant? _____ In what capacity? _____

Please evaluate the applicant by placing a check in the column that most represents your opinion.

	Excellent	Good	Average	Below Average	Low	Unknown
Intellectual Ability						
Ability to Communicate Effectively						
Self Reliance/Independent Thinking						
Ability to Work with Others						
Motivation						
Emotional Stability						
Leadership						
Professional Interest						

Recommend for Graduate Study? Strongly recommend Recommend Recommend with reservation Do not recommend

Please write any additional comments that might assist the Joint Master of Social Committee in making a decision about this applicant's admission.
(please use the reverse side for comments)

Name: _____ Position: _____

Address: _____ Institution/Organization: _____

Telephone (day time): _____ Signature: _____