

Letter of Recommendation

_____ is applying to the UTRGV School of Social Work BSW program.

Your recommendation will assist us in evaluating the suitability for the social work program.

To be completed by applicant:

Name: _____
(Please Print)

Applicant: Fill in the above and give to the person writing the recommendation. This recommendation must include at least one former instructor. The second person may be an employer or academic advisor.

To be completed by evaluator

The person named above is applying to the Bachelor's in Social Work Curriculum in the College of Health and Human Services.

1) How well do you know the applicant? ___ Very Well ___ Fairly Well ___ Minimally

2) How long have you known the applicant?

3) Identify the capacities in which you have been associated the with applicant:

Classroom Instructor ___ Employer ___ Other _____ (Please specify)

Please complete the following:

	Exceptional	Superior	Good	Average	Below Average	No Basic for judgement	COMMENTS
COMMUNICATIONS							
Oral							
Written							
ACADEMIC PERFORMANCE							
INTELLECTUAL ABILITY							
MOTIVATION / INITIATIVE							
INTERPERSONAL RELATIONS							
MATURITY							

My recommendation to the School of Social Work Bachelors Program is:

Very Strong ___ Moderate ___ Marginal ___ I do not recommend ___

Please print your name: _____

Signature: _____

Position: _____

Institution: _____

Address: _____

Telephone: _____

Email Address: _____

Please send completed form to:

UTRGV School of Social Work
 1201 West University Drive
 Edinburg, Texas 78539

<https://www.govst.edu/uploadedFiles/Academics/Colleges and Programs/CHHS/Departments/Social Work/gsu/BSW%20Letter%20of%20Rec%20Form.pdf>