

## 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 be written by at least one former professor/instructor, employer, or academic advisor.

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### 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 Bachelor’s 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