LETTER OF REFERENCE

___ Advanced Standing (33-hour)
___ Regular Program (63-hour)
___ Accelerated Program (33-hour)

Name of applicant: (**Print**) _____

TO BE COMPLETED BY THE REFERENCE:
The person named has applied for admission to the Master of Science in Social Work Program at the University of Texas – Rio Grande Valley. Your candid assessment of the applicant's potential for graduate social work education would be greatly appreciated. Applicants should be mature and emotionally stable and demonstrate a capacity for self-awareness and personal growth.

1. Approximately how long have you known the applicant? _____ Years   _____ Months

2. What was the nature of your contact(s) with the applicant? (Check one)
   ___ Professor in at least one class   ___ Internship Field Instructor
   ___ Current Employer/ Supervisor   ___ Former Employer/Supervisor
   ___ Other _____   ___ Other _____

3. Please rate the applicant's attributes or skills in each category listed below by placing a check mark in the appropriate box. For each category, check the rating that best describes the applicant in comparison to other potential graduate students.

	Outstanding	Above Average	Average	Below Average	Low	Not able to evaluate
Achievement motivation						
Intellectual ability						
Ethics/ Integrity/ Honesty						
Emotional maturity/stability						
Oral expression						
Written expression						
Self-awareness						
Sensitivity to needs and feelings of others						
Work ethic						
Judgment						

4. Please comment on the applicant's strengths and weaknesses in the lines below (optional):

_____
_____
_____

5. Please indicate where you believe this applicant may have her/his greatest difficulty: social situations, intellectual pursuits, financial situations, family support, and adaptability.

___ employment obligations
___ working with others
___ academic course work
___ financial situation
___ family support
___ other _____

___ No difficulties

6. Please indicate your overall recommendation of the candidate for admission to our graduate program: (**check only one**)

     ___ Yes, without reservations
     ___ Not sure
     ___ No, do not recommend

Signature of Reference_____Date_____

Name (please print):_____

Position_____Employer_____

Business Address: _____
Street # No./ City/ Zip Code/ Phone #

Thank you for your assistance. **Please upload to your Master application or send to gradcollege@utrgv.edu**