

School of Social Work Request for Reference Form

| This sect | tion to be completed by applicant: Date:/ |
|---------------------|--|
| Applica | nt's Name: f person providing reference: |
| vallie o | r person providing reference: |
| | WAIVER OF RIGHT OF ACCESS |
| Indicate must ma | Federal and State laws require us to make the contents of a student's file available for review, unless the student has waived the right to access. e your choice regarding right to access below. If you waive your right to access, we will keep the information on this form confidential. If not, we ake it available to you for review upon request. Reference forms will not be duplicated, scanned, transferred to other institutions, or returned to lent at any time. |
| | ☐ I do waive my right of access to review the information contained in this reference form. |
| | ☐ I do not waive my right of access to review the information contained in this reference form. |
| | Applicant Signature |
| Use ado | ction to be completed by the individual providing the reference. Reviewer - please complete the information on both sides of this form. ditional sheets if necessary. Your candid completion of this evaluation is appreciated. Applications cannot be reviewed without this ce material. References should be professional colleagues or faculty. Family members will not be accepted. |
| 1 | In what capacity and length of time have you known the applicant? |
| | |
| 2 | Please rate the applicant in comparison with persons you have known who are similar in age and experience. |

| Please rate the applicant using a five point scale: | Exceptional 5 | Above Average 4 | Average 3 | Below Average 2 | Unable To Evaluate 1 | |
|--|------------------|--------------------|--------------|--------------------|-------------------------|--|
| Intellectual Ability | | | | | | |
| Emotional Maturity & Stability | | | | | | |
| Leadership Ability | | | | | | |
| Oral Communication Skills | | | | | | |
| Adheres to Ethical Standards | | | | | | |
| Ability to Accept Constructive Feedback | | | | | | |
| Ability to Work with Others | | | | | | |
| Work Experience with Diverse Populations | | | | | | |
| Technical Writing Skills | | | | | | |
| Advocacy Skills | | | | | | |
| Sensitivity to and capacity for accepting differences in diverse populations | | | | | | |
| Totals | | | | | | |

| Signature: | Date:/_ | , | | |
|---|--|--------------------------|------------|--|
| (Address) | (City) | (State) | (Zip Code) | |
| | | | | |
| Name and Title: | E-Mail: | | Phone: | |
| [4] Recommend Highly [3] Recommend | [2] Recommend with Reservation [1] Do Not Recommend | | | |
| Please indicate your recommendation for thi | s applicant's admission: | | | |
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| 3. We are interested in your comments regar | ding this applicant's aptitude for graduate study and | a career in Social Work. | | |
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| 2. In what area(s) does the applicant need fu | urther development? | | | |
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Return completed Reference Form to: NMHU School of Social Work, Box 9000, Las Vegas, NM 87701 Fax to: (505) 454-3290 or scan and email to socialwork@nmhu.edu