**Request for Reference Form**

This section to be completed by applicant:

Date: _____/______/_____

Applicant’s Name: ______________________________________________________________________

Name of person providing reference:  ____________________________________________________

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**WAIVER OF RIGHT OF ACCESS**

Current 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. If you waive your right to access, we will keep the information on this form confidential. If not, we must make it available to you for review upon request. Reference forms will not be duplicated, scanned, transferred to other institutions, or returned to the student at any time.

1. I do waive my right of access to review the information contained in this reference form.

2. I do not waive my right of access to review the information contained in this reference form.

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Applicant Signature

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This section to be completed by the individual providing the reference. Reviewer, please complete the information on both sides of this form. Use additional sheets if necessary. Your candid completion of this evaluation is appreciated. Applications cannot be reviewed without this reference material. References should be professional colleagues or faculty. Family members will not be accepted.

<table>
<thead>
<tr>
<th>Skills</th>
<th>Abilities</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Ability</td>
<td>Emotional Maturity &amp; Stability</td>
<td></td>
</tr>
<tr>
<td>Leadership Ability</td>
<td>Communication Skills</td>
<td></td>
</tr>
<tr>
<td>Ability to Accept Constructive</td>
<td>Technical Writing Skills</td>
<td></td>
</tr>
<tr>
<td>Work Experience with Others</td>
<td>Advocacy Skills</td>
<td></td>
</tr>
<tr>
<td>Sensitivity to and capacity for</td>
<td>Oral Communication Skills</td>
<td></td>
</tr>
<tr>
<td>Accepting Differences in Diverse Populations</td>
<td>Leadership Ability</td>
<td></td>
</tr>
</tbody>
</table>

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**Please rate the applicant using a five point scale:**

- Exceptional (5)
- Above Average (4)
- Average (3)
- Below Average (2)
- Unable To Evaluate (1)

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.

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Applicant’s Name: ______________________________________________________________________

Date: _____/______/_____

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This section to be completed by applicant:

Applicant Signature

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1. What major strengths and skills does the applicant possess? How will these skills impact the applicant’s ability to practice in the Social Work profession? If applicable, how does the applicant relate to clients?

2. In what area(s) does the applicant need further development?

3. We are interested in your comments regarding this applicant’s aptitude for graduate study and a career in Social Work.

Please indicate your recommendation for this applicant’s admission:


Name and Title: ____________________________  E-Mail: ____________________________  Phone: ____________________________

(Address)  (City)  (State)  (Zip Code)

Signature: ______________________________________  Date: _____/_____/_____

Please mail this form directly to the NMHU School of Social Work. Your prompt response will expedite the admission review process for this applicant. Thank you for your assistance.

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