THE UNIVERSITY OF TEXAS AT AUSTIN SCHOOL OF SOCIAL WORK  
MASTER OF SCIENCE IN SOCIAL WORK PROGRAM REQUEST FOR REFERENCE

This portion to be completed by applicant:

Applicant’s Name:_____________________________________________________

Year for which you are applying:________________________________________

Name of person providing reference:_____________________________________

Under provisions of the Family Educational Rights & Privacy Act of 1974, 
I waive my right of access to this recommendation; The University of Texas at Austin 
may, therefore, consider it to be confidential:

☐ I do    ☐ I do not    waived my right to access this form and the information contained in it.

Signature of Applicant:____________________________________ Date:____________________

This portion to be completed by the individual providing the reference:

The person named above is applying for admission to our Master of Science in Social Work degree program. 
You have been selected as someone who can be helpful in evaluating his or her readiness for professional gradu-
ate study. Please complete this form, place it in a sealed envelope with your signature across the seal, and return 
the envelope to the applicant. Once the applicant receives all references, they will be forwarded to the School of 
Social Work. If you prepare, or have on file, a letter of reference for the applicant, it may be attached to this form.

A. In what capacities and for what length of time have you known the applicant?


B. Please compare this applicant in terms of other graduate school candidates whom you have known:

<table>
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<tr>
<th>Evaluate</th>
<th>Exceptional Top 1%</th>
<th>Superior Upper 10%</th>
<th>Very Good Upper 15%</th>
<th>Above Average Upper 25%</th>
<th>Average Upper 50%</th>
<th>Below Average Lower 50%</th>
<th>Unable to Evaluate</th>
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<td>Commitment to Social Justice</td>
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<td>Creativity &amp; Imagination</td>
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<td>Emotional Maturity &amp; Stability</td>
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<td>Maturity</td>
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<td>Ability to Respect and Work with Differences</td>
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<td>Willingness to Accept Direction and Supervision</td>
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C. Please indicate your recommendation for this applicant’s admission:
- [ ] Highly recommend
- [ ] Recommend without reservation
- [ ] Recommend with some reservation
- [ ] Do not recommend

D. Please use the space below to comment on the applicant’s strengths as a candidate for professional social work education:

E. Since you have agreed to provide a letter of reference for this applicant, we expect that you will have a positive view of the candidate. Please provide us with your opinion of characteristics that may affect the applicant’s ability to become a professional social worker:

Signature:_________________________________________ Date:________________________
Name and Title:_____________________________________________________________________
Address:___________________________________________________________________________
Phone:_________________________________ Email:______________________________________

When complete, please place this form in a sealed envelope with your signature across the seal, and return the envelope to the applicant. We sincerely appreciate you taking the time to share your impressions of the applicant with us.