



Applicant Name: \_\_\_\_\_

**Instructions to Applicant:** This form should be given to an individual who can attest to your ability, potential and readiness for professional education and social work practice.

- One (1) recommendation form is required for your admission file to be complete. The form should be completed by an academic reference (i.e. college instructor or academic advisor or counselor).
- Applicants who have been out of school for 2 or more years and cannot ascertain academic references may substitute a professional recommendation.
- Applicants submitting a non-academic recommendation should include a statement explaining the reason with their application.
- Complete FERPA statement.
- Submit this form to your recommender.

**FERPA Statement:** In accordance with (FERPA) Family Education Rights and Privacy Act of 1974, a student has access to her/his educational record, including letters of recommendation. However, a student may waive the right to review this recommendation, in which case, the letter of recommendation will be held in confidence and not reviewed by the student. Failing to check the appropriate box will automatically waive your access to view this recommendation. Check the appropriate box and sign below/type your name prior to sending this form to the recommender. Typing is legally equivalent to your signature and constitutes your certification that the information provided is accurate to the best of your knowledge.

Do you wish to waive your right to examine this letter of recommendation? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation Type: Academic \_\_\_\_\_ Professional (work/volunteer) \_\_\_\_\_

**Instructions to Recommender:** The LSU School of Social Work is seeking individuals who possess the personal and academic qualities necessary to successfully complete a professional social work degree program. We ask that you complete this recommendation form. Once you have completed this form, scan and email it to bsw@lsu.edu. Do not return this form to the applicant.

Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please mail or scan and email the signed and completed form to:

LSU School of Social Work | BSW Admissions Committee | 313 Huey P. Long Fieldhouse | Baton Rouge, LA 70803  
bsw@lsu.edu Attn: BSWAdmissions

In what capacity have you known the applicant?

How long have you known the applicant?

In rating the applicant, who is your basis of comparison? Please check all that apply.

Other students     Other employees     Other volunteers     Other

Please rate the applicant in each of the following categories by circling the appropriate number.

<b>Skill</b>	<b>Below Average 1, 2, 3</b>	<b>Average 4, 5, 6</b>	<b>Above Average 7, 8, 9</b>	<b>Unable to Rate</b>
Knowledge				
Intelligence				
Academic Abilities				
Carries Out Assignments				
Social Awareness				
Professional Commitment				
Maturity				
Stability				
Motivation				
Initiative				
Leadership				
Interpersonal Skills				
Openness				
Empathy				
Judgment				
Communication Skills				
Creativity				
Resourcefulness				
Integrity				
Potential to Succeed				

What is your overall recommendation of the candidate?

Highly Recommend

Recommend

Recommend with Reservations

Not Recommended