

This form is required and accepted **only for transfer students** who completed the approved introductory level social work class or equivalent class(es) at a school other than The University of Iowa. The form should be completed by the instructor of that course. Substitute references must be pre-approved by Kate Kemp, program administrator at [kate-kemp@uiowa.edu](mailto:kate-kemp@uiowa.edu) The deadline is Feb. 15.

**APPLICANT must complete this section in full:**

**X**Applicant's Name (Type/Print) \_\_\_\_\_ UI ID#, if known, or leave blank: \_\_\_\_\_

**X**Email addresses \_\_\_\_\_ phone: \_\_\_\_\_

**X**Print your reference's name: \_\_\_\_\_

You should provide a copy of this form to your instructor, **with this section completed, including your signature.**

For the convenience of the person completing this form, you should provide a stamped envelope addressed to the School of Social Work, alternatively, this form may be faxed, (address and fax # on the back). **Your signature is required on this form.**

Under the Family Educational Rights Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review this recommendation, or you may decline to do so. If you waive your right to review your recommendation forms, these evaluations will be considered confidential by The University of Iowa and **will not be available** for your inspection or released to any third party. (Note: Applicants **not** approved for admission have **no** access to their file). Please mark the appropriate statement below, indicating your choice of options, and sign your name. Your choice has no bearing on admission decisions.

I waive my right to review this recommendation.       I do not waive my right to review this recommendation.

**X**Applicant's Signature (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_  
(Typed signature is ok)      Applying to Center:     Iowa City

**REFERENCE WRITER complete this section, pages 1 and 2:**

You have been asked to complete an evaluation of the above named individual who is applying for admission to The University of Iowa School of Social Work in order to earn a BA in Social Work degree. Your candid opinion will help us evaluate their application. Your comments will be confidential if the applicant has waived rights of review. All recommendations are destroyed once an applicant has matriculated. (Note: Applicants **not** approved for admission have **no** access to their file).

1. In what capacities have you known the applicant?     Professor/SW class     Academic Advisor     Volunteer Supervisor  
 Other \_\_\_\_\_ How long have you known the applicant? No. of Yrs?      No. of Months?.

2. Please rate the applicant's academic and professional behaviors:

		Exceptional (Top 5%)	Superior (Top 10%)	Good (Top 25%)	Average (Top 50%)	Below Average (Bottom 50%)	Not Observed
1.	Capacity for accepting diversity						
2.	Classroom performance: attendance						
3.	Classroom performance: respectful contributions						
4.	Oral communications						
5.	Written communications						
6.	Openness to learning with capacity to change						
7.	Interpersonal skills: ability to work with classmates						
8.	Interpersonal skills: ability to work with faculty						
9.	Volunteer work: attendance						
10.	Evidence of growth/self-awareness in volunteer work						
11.	Completion of volunteer hours						
12.	Behaviors reflecting social work values and ethics						
13.	Maturity/Emotional Stability						

**This is a 2-page form. Please complete and sign page 2**

