LETTER OF RECOMMENDATION

Reference concerning:

(Name of Applicant)

How long have you known the applicant?

(Years)     (Months)

What is your current or past relationship to the applicant?

[ ] Employer/Supervisor [ ] Volunteer Coordinator [ ] Project Coordinator
[ ] Professor/Teacher [ ] Academic Advisor [ ] Co-worker
[ ] Other

Compared to other students, volunteers, or employees, how would you rate this applicant’s qualities in the following areas?

Please indicate the degree to which you recommend admission of:

(Student’s Name)

[ ] Highly Recommend [ ] Recommend [ ] Do Not Recommend

Comments:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature ____________________________ ________________________ Date __________________

Name and title

(Please print name and title)

Organization: ________________________________________________________________

Additional Comments:
I __________________________________ certify that the information provided is accurate.
(Please print)

Signature: ___________________________ Date: ___________________________

Application Deadline for submission:

April 15th of Spring Semester for Fall Admittance  
or  
November 15th of Fall Semester for Spring Admittance

Return the application, including all the items listed above to:

Department of Social and Behavioral Sciences  
The Social Work Program  
Central State University  
P.O. Box 1004 Brush Row Road  
Wilberforce, Ohio 45384

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE SOCIAL WORK PROGRAM: (937) 376-6252 OFFICE

Adopted February 2009  
Revised: March 2013