## LETTER OF RECOMMENDATION

<b>Reference concerning:</b>	
(Name of Applicant)	
How long have you known	he applicant?
(Years)	(Months)
What is your current or p	st relationship to the applicant?
	Volunteer Coordinator [] Project Coordinator cademic Advisor [] Co-worker
Compared to other studer qualities in the following a	s, volunteers, or employees, how would you rate this applicant's eas?
Please indicate the degree	o which you recommend admission of:to Central State University's Social Work Program.
(Student's	ame)
[ ] Highly Recommend [	Recommend [ ] Do Not Recommend
Comments:	
Signature	Date
Name and title	
(Please print name and title	
Organization:	

Additional Comments:

certify that the information provided is accurate.
Date:

**Application Deadline for submission:** 

April 15<sup>th</sup> of Spring Semester for Fall Admittance or November 15<sup>th</sup> 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*