



OUR LADY OF THE LAKE UNIVERSITY

Worden School of Social Service

Reference supporting application to the graduate program

Applicant: *Please complete this section*

This form should be given to professors or professionals who are able to comment on your qualifications for study in social work. Prior to giving this form to the individual from whom you are requesting a reference, please complete the information below.

Name: _____
Last First Middle

_____ Last four digits of Social Security # Address Phone number

I hereby waive all rights of access to letters of recommendation for application to the graduate program in social work at Our Lady of the Lake University.

Applicant's Signature: _____ Date: _____

Application to the graduate program in social work requires recommendations from persons able to comment on the applicant's qualifications for graduate study. We would appreciate background information and your candid evaluation of the applicant in the areas specified below.

The applicant, in signing above, has waived all rights to access to this information, and your recommendation for admission consideration will be held in the strictest confidence. We appreciate your cooperation in assisting us in this decision.

Recommender: *Please complete this section*

1. How long have you known the applicant?

2. In what capacity have you known the applicant?

3. Please evaluate the applicant in each of the following areas:

	Poor	Below avg.	avg.	above avg.	Excellent	Unable to evaluate
Communication Skills						
Intellectual potential						
Initiative						
Dependability						
Judgment						
Emotional maturity and integrity						
Concern about social problems and commitment to social justice						
Sensitivity to and capacity for accepting difference in race, class, culture, and sexual orientation						
Ability to appropriately deal with stressful situations						
Ability to accept and use critical feedback						
Relationship skills						

4. We invite you to provide any additional comments concerning the applicant's suitability for graduate social work education.

Name: _____

Title/Position: _____

Agency/Institution/Company: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Signature: _____ Date: _____

Please return this form to (submission via fax or email is preferred):

Our Lady of the Lake University • ec@onlineprograms.ollusa.edu •

F: 855-275-1083

Online Processing Center • 1415 W. 22nd Street, Suite 800 • Oak Brook, IL 60523 •

T: 855-275-1082