



University of Hawai'i at Mānoa

Myron B. Thompson School of Social Work
Henke Hall - 1800 East-West Road - Honolulu, Hawai'i 96822
Telephone: (808) 956-3830

LETTER OF RECOMMENDATION BACHELOR OF SOCIAL WORK PROGRAM

To the Applicant: Please read and complete this section of the form. Deliver or mail this form to the person who will write your recommendation, and ask that they complete the form and return it **directly** to the School of Social Work.

Name of Applicant (print) _____
Last First Middle

In accordance with the Family Educational Rights and Privacy Act, if accepted and enrolled in the School of Social Work, you have the right of access to any and all letters of recommendation. Waiver of this right is voluntary.

Applicant: Please sign on the line below if you wish to make this a confidential recommendation by waiving your right of access to it.

Signature _____ Date _____

Dear _____ (name of recommender):

The person whose name appears above is seeking admission to the Bachelor of Social Work Program at the University of Hawai'i and has requested that your evaluation be included as part of the information on which we will base our admission decision. The profession of social work requires strong personal qualities on the part of its practitioners, and we would appreciate your candid appraisal and impression of assets and limitations of the applicant. Please note that an applicant who has not waived his/her right of access (as shown above) has the right to see your appraisal.

Please assess the applicant by checking the appropriate rating box and giving a brief explanation supporting your rating. Feel free to attach an additional narrative or letter if you wish, but we **will not be able to use this recommendation unless you complete the rating form that has been provided.** Upon completion, please mail this form *directly* to the School of Social Work at the address listed above. The deadline for receipt of this reference form is **February 1** for fall admission and **October 1** for spring admission. Recommendations are an important aspect of the admission process. We thank you for the time and effort you have taken to complete this form.

Mahalo from the BSW Admissions Office!

RECOMMENDER INFORMATION

Name of Applicant: _____

Name of Recommender: *(Print)* _____

(Signature) _____ *(Date)* _____

Position/Title: _____

Agency/School/Organization: _____

Address: _____

Phone: _____

Email: _____

Length of time in which you have known the applicant: _____

Capacity in which you have known the applicant (Please check all appropriate boxes):

<input type="checkbox"/> Professor <input type="checkbox"/> Research <input type="checkbox"/> Academic <input type="checkbox"/> Employment <input type="checkbox"/> Field <input type="checkbox"/> Personal <input type="checkbox"/> Other: _____	<input type="checkbox"/> Supervisor <input type="checkbox"/> Advisor <input type="checkbox"/> Supervisor <input type="checkbox"/> Instructor
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REMINDERS:

1. An additional letter or narrative is welcome, but we will not be able to use this recommendation unless you also complete this rating form.
2. Your completed recommendation form must be submitted *directly* to the BSW Admissions Office by **February 1st** for fall admission and **October 1st** for spring admission.

MAIL TO: BSW Admissions Office
University of Hawai'i at Manoa
Myron B. Thompson School of Social Work
1800 East-West Road
Honolulu, HI 96822

REFERENCE FORM

Please answer the following questions as thoughtfully as possible.

Ability to Handle Scholastic Demands	Poor	Below Average	Average	Above Average	Outstanding	Unable To Rate
Ability to think clearly and logically						
Ability to comprehend theoretical material						
Ability to assimilate theoretical material and comprehend its relevance to real life situations						

Comments: _____

Motivation For Social Work Career	Poor	Below Average	Average	Above Average	Outstanding	Unable To Rate
Awareness of social problems						
Is developing professional career goals						
Has a sensitive, objective attitude towards people						

Comments: _____

Personal Qualities And Maturity	Poor	Below Average	Average	Above Average	Outstanding	Unable To Rate
Ability to cope effectively with his/her own life stresses						
Ability to work with people who are under stress						
Ability to assume responsibility; carry out assignments and tasks						
Demonstrated initiative, resourcefulness						
Ability to maintain relationships with others						
Ability to exercise sound judgment						
Evidence of personal integrity						
Ability to be flexible and capable of change						

Comments: _____

Ability to Communicate	Poor	Below Average	Average	Above Average	Outstanding	Unable To Rate
Verbal ability						
Writing ability						
Listening ability						

Comments: _____

Recommendation of admittance for this applicant to the University of Hawai`i Bachelor of Social Work Program:
 (Please place an X in the appropriate box)

- I strongly recommend that this applicant be admitted to the Bachelor of Social Work Program.
- recommend
- recommend *with reservations*
- do not recommend

Please elaborate on reservations or reasons for strongly recommending the applicant and add any additional comments:

FINAL REMINDERS:

Please remember to *sign* your recommendation in the space provided on page 2 of this form.

Mail completed recommendations to: BSW Admissions Office
 (Please no FAX or e-mails.) University of Hawai`i at Manoa
 Myron B. Thompson School of Social Work
 1800 East-West Road
 Honolulu, HI 96822

Deadline: **February 1st** for applications for *fall* admission
October 1st for applications for *spring* admission