

Letter of Recommendation

TO BE COMPLETED BY THE APPLICANT

Applicant's name:			
Last	First	Middle	
Identification Number:			
Under the provision of the Family Educati letters of reference written at your reques your personal inspection. Check one of th provided so that the referee will be advised	t are to be held confident te following statements ar	ial or whether they are	to be available for
Confidential file. I grant permission for t	his letter of recommendation	n to be confidential by All	oany State University.
Open file. I retain the choice of having le	tters of reference available t	o me.	
		S	ignature of Applicant
			•••••

TO BE COMPLETED BY THE REFEREE

You may wish to make additional comments by letter. If so, please upload your letter on letter head along with the submission of this forms o that the Programmay identify the applicant's choice with respect to the right of access under the Family Educational Rights and Privacy Act. Please note that while the applicant may have waived his/her right of access under the Family Educational Rights and Privacy Act, in some circumstances this letter may be subject to disclosure under the provisions of the Georgia Open Records Act. **Please submit this recommendation directly by clicking the following link** https://app.smartsheet.com/b/form/24ea84759f0b4c43a6776892fd02d1dd, upload the document, and select submit. You may also print and mail to the BSW Program Director as noted below:

Return to: Dr. Annalease Gibson, BSW Program Director

Department of Social Work

504 College Drive

Albany State University, East Campus

Albany, GA 31705

Original or electronic signatures are required. Emailed letters and forms will not be accepted

2. Evaluation : In comparison with other sexperience and training, I respectively.				ave the sai	ne amount of		
	N WARAM	A	Above	Top	Unable to		
Knowledge of Social Work Profession	Average	Average	Average	10%	Observe		
Ability to matriculate at college level							
Class Rank							
Interpersonal Skills							
Written Expression							
Verbal Expression							
Perseverance toward goals							
Potential as a social worker							
Critical Thinking							
3. Recommendation: Considering this applic and determination, ple					mbition,		
Recommend strongly	Recommend with reservation						
Recommend	Cannot recommend						
4. Please add any comments which you feel will a baccalaureate study in social work and upload					pursue		
Name of Referee (please print):							
	Date:						
Title:	Organization						
City, State, Zip Code							
Phone/FAX number(s)	:						

PLEASE UPLOAD THIS FORM AT THE FOLLOWING LINK:

https://app.smartsheet.com/b/form/24ea84759f0b4c43a6776892fd02d1dd.

REFEREE MAY ALSO MAIL THE INFORMATION TO THE ADDRESS ON THE FIRST PAGE