LETTER OF RECOMMENDATION FOR THE BACCALAUREATE OF SOCIAL WORK PROGRAM

APPLICANT’S LAST NAME
FIRST NAME
Reference #

Name/title of recommender

The Family Educational Rights and Privacy Act (FERPA) of 1974 and its amendment’s guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation.

☐ I waive my right to inspect the contents of this recommendation.
☐ I do not waive my right to inspect the contents of this recommendation.

Applicant’s signature

TO THE EVALUATOR

The above-named applicant is applying for admission to the Baccalaureate of Social Work program at Binghamton University. Pursuing this program will require both an intensive program of undergraduate study and commitment to public and not-for-profit service with disenfranchised populations. The applicant has selected you as someone who can be helpful to the admissions committee in evaluating preparation for and readiness to enter the Baccalaureate of Social Work Program.

To ensure the best and most appropriate outcome of the application process for this applicant, we ask that you be frank about both the applicant's strengths and limitations. Please answer the questions below as fully as possible. Additional comments are also welcome. Your prompt reply is appreciated.

How long and in what capacity have you known the applicant?

What do you consider the applicant's major strength(s) as a candidate for undergraduate education in social work?

In what areas, and to what degree, does the applicant need to be strengthened to improve the ability to serve others in the capacity of social worker?
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Please use the space below or an attached letter to elaborate on the ratings above or on any other matters you consider relevant to the applicant's admission.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**SUMMARY EVALUATION**

☐ I strongly recommend this applicant for admission and feel the applicant has the capacity to perform at a superior level in the BSW program.

☐ I recommend this applicant for admission without reservation, and am confident this individual will do well in the BSW program.

☐ I recommend this applicant with some reservations about the applicant's ability to perform well in the BSW program.

☐ I feel the applicant's qualifications for undergraduate study are marginal but the individual may do well with sufficient support and encouragement.

☐ I do not recommend the applicant for admission to the BSW program.

________________________________________________________________________

SIGNATURE

DATE

STREET ADDRESS

CITY

STATE

ZIP

Once completed, please return the form to the following address:
College of Community and Public Affairs
Department of Social Work
Attention: Maria Gordon (Interim BSW Program Director)
P.O. Box 6000
Binghamton, NY 13902