

**SCHOOL OF SOCIAL WORK  
THE UNIVERSITY OF TEXAS-RIO GRANDE VALLEY**

*1201 West University Drive • Edinburg, Texas 78539-2999 • (956)665-3575 Office • (956)665-3516 Fax*

*LETTER OF REFERENCE*

Advanced Standing (33-hour)  
 Regular Program (63-hour)

Name of applicant: **(Print)** \_\_\_\_\_

**TO BE COMPLETED BY THE REFERENCE:**

The person named has applied for admission to the Master of Science in Social Work Program at the University of Texas – Rio Grande Valley. Your candid assessment of the applicant’s potential for graduate social work education would be greatly appreciated. Applicants should be mature and emotionally stable and demonstrate a capacity for self-awareness and personal growth.

1. Approximately how long have you known the applicant? \_\_\_\_\_ Years    \_\_\_\_\_ Months
2. What was the nature of your contact(s) with the applicant? (Check one)
 

<input type="checkbox"/> Professor in at least one class	<input type="checkbox"/> Internship Field Instructor
<input type="checkbox"/> Current Employer/ Supervisor	<input type="checkbox"/> Former Employer/Supervisor
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

3. Please rate the applicant’s attributes or skills in each category listed below by placing a check mark in the appropriate box. For each category, check the rating that best describes the applicant in comparison to other potential graduate students.

	Outstanding	Above Average	Average	Below Average	Low	Not able to evaluate
Achievement motivation						
Intellectual ability						
Ethics/ Integrity/ Honesty						
Emotional maturity/stability						
Oral expression						
Written expression						
Self-awareness						
Sensitivity to needs and feelings of others						
Work ethic						
Judgment						

4. Please comment on the applicant’s strengths and weaknesses in the lines below (optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please indicate where you believe this applicant may have her/his greatest difficulty: social situations, intellectual pursuits, financial situations, family support, and adaptability.

employment obligations

working with others

academic course work

financial situation

family support

other \_\_\_\_\_

No difficulties

6. Please indicate your overall recommendation of the candidate for admission to our graduate program: (**check only one**)

Yes, without reservations

Not sure

No, do not recommend

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

Name (please print): \_\_\_\_\_

Position \_\_\_\_\_ Employer \_\_\_\_\_

Business Address: \_\_\_\_\_

Street # No./ City/ Zip Code/ Phone #

Thank you for your assistance. **Please upload to your Master application or send to [gradapps@utrgv.edu](mailto:gradapps@utrgv.edu)**