

CSUB Application for admission to the Master of Social Work Program

REFERENCE STATEMENT

This completed form, and any enclosed letter, must be received in the Social Work Department by **February 16, 2024**

To the Applicant:

Please print your name _____

Last

First

Middle

Please request reference statements from three persons who have recent knowledge about your qualifications. Print your name on the first page of each reference form, sign your name, and send the form to each referent. **Ask referents to send your completed form and any accompanying materials to: mawadmissions@csub.edu with the subject line: Reference Form for (insert applicants name)**

References should be from professional sources - for example, a professor or someone who has supervised your paid or volunteer work. **References from friends or family members will not be accepted.**

I give my permission for _____ to write a letter of reference to the Department of Social Work at California State University, Bakersfield for MSW admission consideration.

Applicant

Date:

Signature: _____

To the Referent:

The above-named person is applying for admission to the MSW program in the Department of Social Work, California State University, Bakersfield, and has given your name as a reference.

The program seeks students who have demonstrated potential for graduate academic work as well as commitment to the welfare of all people, but especially to vulnerable and underserved populations. The MSW program is designed to prepare graduates for early assumption of professional social work leadership. Desirable qualities include the capacity to assume ongoing responsibility for learning and the ability to identify and analyze problems and develop solutions to address human needs.

Please provide a candid assessment of this applicant regarding his/her suitability for our program. You may attach a separate letter with this form if you prefer. Your statements will be held in confidence.

Information on Confidentiality:

Applicants for admission do not have access to their application records. Under the provisions of the Federal "Family Education Rights and Privacy Act of 1974," only registered students and alumni have access to their educational records. This reference will be used only for the purpose of determining whether the applicant should be admitted to the Department of Social Work. This reference will be removed from the accepted student's file.

1. Approximate dates, length of time you have known or worked with the applicant and nature of your relationship with the applicant.

2. Please rate the applicant relative to other students, employees or people interested in social work:

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	Exceptional (top 5%)	Superior (next 5%)	Good (next 20%)	Average (next 20%)	Below Average (bottom 50%)	Unable to Rate
Academic performance						
Intellectual ability						
Maturity						
Oral skills						
Written skills						
Ability to think critically						
Leadership potential						
Ability to work with others						
Self-awareness						

3. Please assess the applicant's potential and promise as a social work professional. (You may attach a separate letter)

4. I would:

Recommend with enthusiasm

Recommend

Recommend with reservations

Not recommend

Name _____ Date _____

Organization _____ Title _____

Street _____ Telephone _____

City _____ State _____ Zip _____

Referents: Please scan & email this form directly to mawadmissions@csub.edu with subject line: Reference Form For (insert applicants name)