



Social Work Department...Where Excellence is the Standard

**Department of Social Work
100 Beatties Ford Road
Charlotte, NC 28216**

REFERENCE RECOMMENDATION FORM

Name of Student

Request that you rate the following traits that complete partial requirements for consideration of admission to the Social Work Program at Johnson C. Smith University. Once you have completed your evaluation please place it in a sealed envelope with your signature across the back and return it to the student. Your cooperation is very much appreciated.

1. How do you know the student and for how long?

2. Please comment on favorable attributes you believe the student can bring to the Social Work Program.

Please check the response that represents your recommendation regarding this student's admission to the Social Work Program.

- Strongly Recommend Admission
- Recommends Admission
- Recommends Admission with Reservations

Name: _____ Telephone () _____

Address: _____

E-Mail: _____

Signature: _____