



MS in CFS Recommendation Form
Submit to cfs@lsu.edu

TO BE FILLED OUT BY THE APPLICANT

Applicant Name: _____

Instructions to Applicant: This form should be given to individuals who can attest to your ability, potential, and readiness for graduate education and professional practice with children and families.

- A total of three (3) recommendation forms are required for your admission file to be complete. A letter of support is optional.
- Two (2) recommendations must be Academic (college instructors, internship supervisors) and the remaining one (1) recommendation must be a Professional (work/volunteer). Family, friends, clergy, and high school teachers are not appropriate.
- Applicants who have been out of school for 2 or more years and cannot obtain academic recommendations may substitute other professional recommendations for the two academic recommendations.
- For any applicant, if two are not academic recommendations and one is not professional, please include a statement with your application explaining the reason for the substitution.
- It is strongly recommended that if an internship was part of the degree program and the internship has been completed at the time of application, a recommendation from the internship supervisor be included as the professional recommendation.
- Complete your name, recommendation type, and the FERPA statement.
- Submit this form to your recommender.

FERPA Statement: In accordance with (FERPA) Family Education Rights and Privacy Act of 1974, a student has access to their educational record, including letters of recommendation. However, a student may waive the right to review this recommendation, in which case, the letter of recommendation will be held in confidence and not reviewed by the student. Failing to check the appropriate box will automatically waive your access to view this recommendation. Check the appropriate box and sign below/type your name prior to sending this form to the recommender. Typing is legally equivalent to your signature and constitutes your certification that the information provided is accurate to the best of your knowledge.

Do you wish to waive your right to examine this letter of recommendation? (circle one) Yes No

Signature _____

Date _____

Recommendation Type: _____ Academic _____ Professional (work/volunteer)

TO BE FILLED OUT BY THE RECOMMENDER

Instructions to Recommender: LSU's MS in CFS graduate program is seeking individuals who possess the personal qualifications essential to professional social work practice and the academic credentials to successfully fulfill the scholastic requirements while coping with the demands of graduate education. We ask that you complete this recommendation form. (A letter of support is optional). Once you have completed this form, scan and email it to cfs@lsu.edu. Do not return this form to the applicant.

Name: _____

Title or Position: _____

Organization/Company: _____

Address: _____

Phone: _____

Email: _____

Please mail or scan the completed form to:

CFS Admissions Committee
LSU School of Social Work
313 Huey P. Long Field House
Baton Rouge, LA 70803
cfs@lsu.edu

In what capacity have you known the applicant? _____

How long have you known the applicant? _____

In rating the applicant, who is your basis of comparison? Please check all that apply.

_____ Other students _____ Other employees _____ Other volunteers

Other: _____

Please rate the applicant in each of the following categories by selecting the appropriate number.

	Below Average			Average			Above Average			Unable to Rate
	1	2	3	4	5	6	7	8	9	
Knowledge										
Intelligence										
Academic abilities										
Carries out assignments										
Social awareness										
Professional commitment										
Maturity										
Stability										
Motivation										
Initiative										
Leadership										
Interpersonal skills										
Openness										
Empathy										
Judgment										
Communication skills: Writing										
Communication skills: Oral										
Creativity										
Resourcefulness										
Integrity										
Potential to succeed										

What is your overall recommendation of the candidate?

_____ Highly Recommend

_____ Recommend

_____ Recommend with Reservations

_____ Not Recommended

(Optional) Please share any additional information regarding the candidate.