University of Wisconsin-Green Bay
Social Work Professional Programs   Date:

LETTER OF REFERENCE FOR:

APPLICATION DEADLINE:

NAME OF PERSON COMPLETING REFERENCE:

RELATIONSHIP TO APPLICANT:
(Note: References from personal friends or family members will not be accepted).

PRIVACY ACT STATEMENT:
Under the Family Educational Rights and Privacy Act of 1974, students enrolled at the
University of Wisconsin-Green Bay have access to their educational records, including letters of
evaluation. However, students may waive their right to see letters of evaluation, in which case
the letters will be held in confidence. If the applicant has not signed a waiver, he or she may
request to see the letters after a final decision is made on admission. The student's decision is
indicated below:

Applicant's Electronic Signature: Date (mm/dd/yyyy)

University of Wisconsin-Green Bay
Social Work Professional Programs   Date:

The above student is currently applying to the Bachelor of Social Work Program. We would like
your comments on his/her qualifications for professional social work practice.

   1. How long and in what capacity have you known this applicant?

   2. When you consider this applicant's ability to work with peers, classmates and colleagues,
      what do you see as this applicant's strengths?

   3. When you consider this applicant's ability to work with clients and customers, what do
      you see as the applicant's strengths?

   4. Discuss how this applicant handles stressful situations or manages conflict.

5. How does this applicant engage with people who differ racially, ethnically or economically?

6. Discuss two or three challenges this applicant may face in becoming a professional social worker.

7. From what you know about this applicant's life experience, what strengths would be brought to social work practice?

Signature
(Must be signed. Click in the signature box to create an electronic signature.)

Name:

Title:

Organization:

Email letter to socialwork@uwgb.edu by the application deadline.

Letter can also be mailed: ATTN: Theresa Mullen, SOCW, 2420 Nicolet Dr., Green Bay, WI 54311

Note: This form requires Adobe Reader, which can be downloaded for free at: http://get.adobe.com/reader/