

# Social Work Program

## Faculty Recommendation



( Name of Student ) \_\_\_\_\_

requests that you recommend her for admission to the Meredith College Social Work Program, which is accredited by the Council on Social Work Education. The primary objectives are to prepare students for beginning professional social work practice and/or for continuing the study of social work in advanced degree programs.

Please complete this form and send it to:

Dr. Cynthia Bishop, Social Work Program Director  
3800 Hillsborough Street, 309 Ledford Hall, Raleigh, NC 27607  
Fax 919-760-8083 Email bishopc@meredith.edu

Have you taught the student in a class for college credit?     Yes     No\*

\*If no, please sign and return the form.

If yes, please complete the remainder of this form.

Title of Course Taught: \_\_\_\_\_ Course #: \_\_\_\_\_

Please rate the student on each item below by placing a check in the appropriate column.

**EVALUATION ITEM**

- Level of maturity and emotional stability
- Consistency in class attendance
- Punctuality in meeting deadlines
- Cooperative attitude
- Academic Performance
- Quality of interpersonal relationships
- Respect for and ability to work with people different from herself on conditions related to age, class, color, culture, disability, ethnicity, family structure, gender, marital status, national origin, race, religion, sex and sexual orientation.


**(over)**

*(Faculty Recommendation Continued)*

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

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

Please describe reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do Not Recommend Admission

Please describe reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on favorable attributes you believe the student can bring to the social work profession.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please comment on unfavorable attributes you believe the student would need to strengthen in order to become an effective social worker.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for completing this recommendation.*

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Signature

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Consistency in class attendance

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Academic Performance

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(over)

*(Faculty Recommendation Continued)*

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Signature

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