

Barry University

Ellen Whiteside McDonnell | School of Social Work

Recommendation Form - Confidential

Doctorate of Philosophy in Social Work (PhD) Degree

Doctorate of Social Work (DSW) Degree

INFORMATION PROVIDED BY APPLICANT

Applicant's Name _
Last First Middle

Social Security Number (*used for identification purposes only*) _____ or Barry ID Number _

Intended Program:

- Doctorate of Philosophy in Social Work (PhD)
- Doctorate of Social Work (DSW)

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

The purpose of this recommendation is to assist in making the admission decision and, if you are admitted and enrolled, to aid in your academic advising. Under the provisions of the act, you have the right, if you enroll at Barry, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. You must check the appropriate box indicating whether you wish to waive this right and sign your name.

- I waive any right of access I may have to this recommendation form.
- I do not waive any right of access I may have to this recommendation form.

Signature_ Date_

It is the responsibility of the applicant to distribute this form and request recommendations in support of his/her application for doctoral study, and follow up to ensure submission of required information.

TO THE RESPONDENT

Please do not complete this form unless the above section is entirely complete including indication of waiver and signature of the applicant.

The above-named individual has applied for admission to a doctoral program within the School of Social Work. Please comment on this individual in relation to the following:

1. Intellectual capacity to engage in scholarly activities

2. Skill in written communication

3. Skill in verbal communication

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4. Achievement in previous academic programs (if appropriate)

5. Awareness of critical professional issues

6. Potential for contributing to the profession through scholarship, teaching, and/or community presentations.

7. Potential for providing leadership in the profession of social work.

8. Other

9. I recommend this applicant:

Not at all

Moderately

Enthusiastically

1 2 3
○ ○ ○

4 5 6
○ ○ ○

7 8 9
○ ○ ○

Signature of the Respondent _

Relationship to Applicant _

Name _

Date _

Title _

Phone () _

Ext. _

Company/Institution _

Address _

Please fax, scan, email, or mail form directly to:

Barry University

Division of Enrollment Services

11300 NE 2nd Avenue, Miami, FL 33161

Admissions and Financial Aid

P: 305.899.3100 or 1.800.695.2279

F: 305.899.2971

gradadmissions@barry.edu

barry.edu/socialwork