

Ph.D. Recommendation Form

Priority Deadline: February 1st
Applications Received After March 1 reviewed if space available

Applicant Last Name: _____ **First Name:** _____
Name of Recommender: _____

Instructions to Applicant: This form should be given to individuals who can attest to your ability, potential and readiness for graduate education and professional social work practice. Two (2) recommendations must be Academic References and the remaining recommendation should be a Work/Volunteer Reference. If two are not academic and one is not work/volunteer, please include a statement with your application explaining the reason for the substitution. The recommendation forms must be mailed to the School of Social Work by the recommenders listed below. Additional recommendations will not be accepted.

In accordance with the Family Education Rights and Privacy Act of 1974, you may waive your right to inspect this recommendation. Please check the appropriate box and sign below. Should you decide not to waive the right, you will have access to the recommendation if you enroll in the LSU School of Social Work. Failing to check the appropriate box will automatically waive your access to view this recommendation.

I hereby waive my right of access to this reference. _____
Signature Date

I DO NOT waive my right of access to this reference. _____
Signature Date

Instructions to Recommender: We appreciate your willingness to serve as a reference for the person applying to our Ph.D. Social Work program. The LSU School of Social Work 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. After you have completed this form, enclose it along with any other separate letter. Seal it, sign across the seal, and return it to the applicant or mail it directly to the LSU School of Social Work

Name: _____

Title or Position: _____

Address: _____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

- In what capacity have you known the applicant? Work Volunteer Student
 How long have you known the applicant? _____

Please fax, mail, or scan and Email the completed form to: **LSU School of Social Work**
Ph.D. Admissions Committee
311 Huey P. Long Fieldhouse
Baton Rouge, LA 70803
Fax: 225-578-1357

