



General Instructions for References

As part of your application to the BSW program, you are required to provide **one** professional or academic reference. Applicants should provide a reference from any of the below areas:

- 1) **Professional Reference** – from someone who has supervised you in a work or volunteer setting.
- 2) **Academic Reference** – from a professor or an academic advisor who is familiar with your academic work.

In addition, **please do not use a friend, relative, or Bemidji State University Social Work faculty member for any of the above references.** Please note:

- 1) You must download this form and save it to your computer. Then complete your section of the form, save it again, and e-mail it to your reference. Please save the form as STUDENT NAME REFERENCE FROM REFERENCE'S LAST NAME (i.e., KIRA NELSON REFERENCE FROM BEAULIEU.pdf)
- 2) Students must fill out the "To the Applicant" box on each of your reference letter forms prior to giving it to your reference. Students must choose whether you are waiving your right to see the letter and you must sign the reference form.
- 3) Students should provide your reference with this electronic reference form. *Please have your references e-mail the completed form to the Social Work Office at SOWKAdmissions@bemidjistate.edu.* (The reference form may not come directly from students' email addresses, they must originate from the email address of the person providing the reference.)
- 4) Students are responsible for making sure that the reference is submitted by the application deadline. Reach out to potential references early. Students may request more than one recommendation.

2020-2021 Academic Year BSW Application Deadlines

- Spring Application Deadline is February 8, 2021 (8 AM)
- *Summer Application Deadline is July 12, 2021 (8 AM)

*SWIM (hybrid) program application deadline only.

Social Work Department
 Bemidji State University
 1500 Birchmont Drive NE, Box 35
 Bemidji, MN 56601



Recommendation for the Bachelor of Social Work Program

To the Applicant: Please read and complete this section of the form. E-mail this form to the person who will write your recommendation. Ask the person writing the recommendation to e-mail it to SOWKAdmissions@bemidjistate.edu by the deadline.

Name of Student Applicant _____
Last First Middle

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), you may waive your right to inspect this recommendation by signing the statement below.

I choose to waive not waive my right of access to this letter.

Applicant Signature: _____ Date: _____

To the Reference: The above listed person is applying for admission to Bemidji State University’s Bachelor of Social Work (BSW) program. Thank you for providing us with your honest assessment of this applicant in order to assist us in determining this applicant’s suitability for social work. This is a fillable .PDF form, you must download the form and open it from your computer before you complete it. **Please save the form as STUDENT NAME REFERENCE YOUR LAST NAME and return this form via e-mail to SOWKAdmissions@bemidjistate.edu** . Please note, in accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), it is possible that an applicant may read your reference unless he or she waives that right.

How long have you known the applicant? _____ Nature of Relationship? _____

Please rate the applicant relative to other students, employees, or people interested in social work that you have known by placing an "X" in the appropriate boxes below:

	Superior	Good	Average	Below Average	Unsatisfactory	Unknown
Service to others						
Academic potential						
Intellectual ability						
Maturity, Emotional stability						
Verbal communication skills						
Written communication skills						
Critical thinking ability						
Leadership potential						
Ability to work with others						
Constructive use of feedback						
Overall recommendation						

Please continue to the following page.

Please provide additional written comments about this applicant's suitability for working with vulnerable populations (victims of intimate partner violence, people with disabilities, children, elders, etc.) in addition to the areas rated above. If you have any concerns about this individual's suitability for social work practice please indicate them here.

By signing this form, I confirm that this information is accurate to the best of my knowledge.

Signature of Person Completing Recommendation

Date

Name of Person Completing Recommendation

Title

Agency or Business Name

Phone Number