

**Ohio University
Department of Social Work
SOCIAL WORK MAJOR
REFERENCE FORM**

This section to be completed by applicant prior to sending to reference respondents:

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students may, however, waive their right of access to recommendations. The choice of the applicant regarding this recommendation is to be indicated below. Failure to sign will constitute acceptance of limited access.

I do waive my right to inspect the contents of the following recommendation.

I do not waive my right to inspect the contents of the following recommendation.

Signed: **X** _____ **Date:** _____

Statement concerning: _____
(Please print) (First Name) (Middle Name) (Last Name)

who is applying for admission to the Undergraduate Social Work program _____
(Quarter) (Year)

The student named above is making application for admission into the Department of Social Work at Ohio University. As part of the application, he/she is required to provide **two** references from persons in the helping professions. At least one letter must be from a professional in a helping profession (i.e. counselor, social worker, program director, or administrator who has worked with you and observed and supervised you in human services work as a college student. One reference letter may be from Ohio University Social Work faculty or other Ohio University faculty who knows your work. In some cases, other supervisors can also provide a letter of reference for you. Please consult your advisor about who might be appropriate to do this. References from relatives and friends are not acceptable. We appreciate your giving us your frank assessment of this student's potential to become a social worker. The Department of Social Work is required to consider your evaluation prior to admission; therefore, we will very much appreciate your prompt reply.

This section to be completed by reference respondent: NOTE: Confidentiality of letters of recommendation cannot be guaranteed unless applicant waives right of access.

Name: (PRINT) _____ Position/Title: _____

Association/Agency/Department: _____

Address: _____ Telephone: _____

Date: _____ Signature: **X** _____

Please return this form and accompanying letter(s) to the applicant in the enclosed confidential envelope. **Be certain to seal the envelope and sign across the seal and return the envelope to the students. THE SEAL MUST NOT BE BROKEN.**

PLEASE RATE THE APPLICANT ON THE FOLLOWING ABILITIES

	Excellent	Above Average	Average	Below	No Basis for Judgment
Spirit of inquiry					
Scholarship ability					
Conceptual ability					
Ability to express ideas orally					
Ability to express ideas in writing					
Ability to advocate for self and/or others					
Takes initiative					
Relationships with peers					
Relationships with supervisors					
Capacity to accept criticism					
Assumes responsibility for own learning					
Ability to be self critical					
Emotional stability					
Self discipline					
Resourcefulness					
Concern for social issues					
Ability to relate to others					
Leadership ability					
Respect for diversity					
Flexibility					
Uses mature judgment					

A. In what relationship and over how long a period have you known the applicant?

B. Please attach a letter of reference that comments on the following: the nature and length of your acquaintance with the applicant, special interests, motivations, personal and intellectual qualities, and the evaluation of the applicants potential for success in the social work profession.

Thank you for your time and consideration in completing this form.

Adapted from Bowling Green State University, Social Work Program, Bowling Green, OH

HUMAN SERVICES EXPERIENCE FORM

Student's Name: _____ PID#: _____

Please indicate your previous experience in social work or human services. Include student and volunteer experience as well as paid employment. Use one form per agency. Please have your supervisor sign the form to verify your hours and type of service.

Name and Location of Agency or Association:

Agency Phone and Email:

Name of Supervisor and Title (Print):

Student's Dates of Service: ____/____ to ____/____

Average Hours Per Week: _____

Total Hours at the Site: _____

Description of Agency's Clientele:

Description of Student's Capacity or Job Title and Responsibilities:

Supervisor's Signature: **X** _____

PERSONAL STATEMENT OUTLINE

A personal statement must accompany all applications for a social work major. The statement must address all of the following points in relation to the student:

1. Articulate your understanding of social work as a profession.
2. Explain your desire and interest in pursuing a career in the social work profession, incorporating experiences from your own background that have affected this decision.
3. Identify and explain your personal qualities, strengths, abilities, or skills that equip you for a career in social work.
4. In light of program goals and objectives (see pages 7 – 8 of this manual), note areas that you may have for personal growth that need to be addressed during the course of professional preparation.
5. Describe experiences (paid, volunteer, or extracurricular) that you have had in helping people, especially those with backgrounds or cultures different from your own, and analyze how this made an impact on your choice of social work as a career.
6. Identify any academic considerations that should be taken into account in the Admissions Committee's review of the application. These may include such things as outstanding recognition in a particular area, personal or professional weaknesses that you may be aware of, knowledge of or experience with research applications, abilities in proposal writing, or others.

The format of the narrative should adhere strictly to the following guidelines:

1. Statements are to be typewritten or computer printed. They should be double spaced, with 1" top, bottom, and side margins.
2. Statements are to be at least two (2) pages in length but are not to exceed four (4) pages.
3. Pages are to be numbered consecutively, with numerals appearing in the upper right corner of each page.
4. The following are to appear in the upper left corner of each page: student's full name, Personal Identification Number (PID), current address, telephone number, and e-mail address.

REAPPLICATION FORM

Name: _____
(Last) (First) (Middle)

Current Address: _____
(Street) (City, State) (Zip)

Permanent Address: _____
(Street) (City, State) (Zip)

Telephone Number: _____ E-Mail: _____

PID #: _____

Address where you wish acceptance/rejection notification sent:

(Street) (City, State) (Zip) (Phone)

Ohio University Hours Completed: _____ Transfer Hours: _____

Total Hours Completed: _____ GPA: _____

Signature of Applicant: **X** _____ Date: _____

Signature of Advisor: **X** _____ Date: _____

Last Date Seen for Advising: _____

STUDENT PLEASE NOTE: Please see your social work faculty advisor prior to reapplication.

Provisional Admission to the Social Work Major

At the recommendation of the student's advisor and approved by the Undergraduate Chair, students may receive provisional admission to the Social Work Major at the beginning of the Winter Quarter of their Junior Year if they have not completed or attained all admission requirements, but expect to do so by the end of the Winter Quarter.

By signing this agreement, students indicate that they are aware that their admission to the major will not become official until they complete or attain the stated requirements.

Lack of provisional or full admission to the program will invalidate the student's registration for senior level Social Work courses.

Name of student _____

Student's GPA: Overall _____ SW _____

Requirements student has not met _____

Plan for student to meet requirements _____

Date by which student plans to meet requirements _____

Important Note: Reconsideration of your application will occur on the above date. It is the student's responsibility to meet the requirements outlined above and to provide documentation of same by the date specified. No reminders will be sent. The student is to provide written documentation that the requirement has been met to the Social Work Department Administrative Assistant, Room 416, Morton Hall (documentation may include an updated DARS, a verified GPA, a reference letter, a verification of human service hours, etc.). If the documentation is not provided by the student, the student is not admitted but can reapply the following year.

Students need to have an alternative plan which will enable them to graduate if they do not meet the requirements of admission to the Social Work Major.

Signed **X** _____ Date _____
(Student)

Signed **X** _____ Date _____
(Student's advisor)

Signed **X** _____ Date _____
(Chair of Undergraduate Program)

ADVISOR PLEASE NOTE: Provide copies to the following:
Student, Student's Record, & Undergraduate Chair

Incomplete Grade Policy and Agreement for Work to be Completed

According to the Social Work Department Handbook (2006, p. 47), the instructor may give a grade of Incomplete when a student, for good cause, is unable to finish all of the assignments in a course by the date on which the final examination is scheduled. Grades of Incomplete are not automatic, and should be requested in person or in writing with the reason for the request. Only a final or term assignment can be subject to an Incomplete grade; incompletes cannot be used to make up missed classes or interim assignments.

According to University policy, an Incomplete grade automatically converts to a grade of F during the 6th week of the following quarter. Faculty require time to grade the Incomplete material and submit the new grade which means that students must turn in incomplete work well prior to the sixth week to ensure that the grade can be submitted in time. Generally work is turned in by the 5th week of the quarter. However, it is important to note that the instructor may determine a due date that is earlier than the deadlines identified above.

If a student is on an officially recognized leave from the University, the student has until the beginning of the sixth week of the quarter in which he or she is again enrolled to complete and hand in the required work.

The instructor or the student's advisor may use this form to establish an agreement about the plan for the student to complete the work before taking on subsequent field and course commitments.

Course _____ Quarter _____

Student _____ Instructor _____

A grade of Incomplete is given to the student in this course with the understanding that the instructor will allow the student additional time, within the guidelines stated above, to complete the course work and receive credit for the course.

Work to be completed:

The date by which the above work must be received by the instructor in order for the student to receive credit for the course is _____

The student agrees not to undertake the following commitments until the work for the course in which the Incomplete was received is completed:

Signed **X** _____ Date _____
(Student)

Signed **X** _____ Date _____
(Instructor)

Signed **X** _____ Date _____
(Advisor)