



2027 BACHELOR OF ARTS IN SOCIAL WORK (BASW) REFERENCE FORM

PROFESSIONAL REFERENCE

ACADEMIC REFERENCE

SECTION ONE: INSTRUCTIONS TO THE APPLICANT

You must first complete Section One of this form (including the waiver box) and then provide the form to your reference with an envelope. The reference must return the completed reference form (3 pages) to you in a sealed envelope with their signature across the sealed flap. (The reference may include a letter in addition to this reference form, but a letter cannot be submitted in place of this reference form.) You must then submit the sealed envelope with your application packet to the CSULB School of Social Work. Please note that we reserve the right to contact the Reference for clarification and/or verification.

1. APPLICANT NAME

2. DATE OF REQUEST

3. REFERENCE NAME

4. REFERENCE OCCUPATION

5. REFERENCE STREET ADDRESS (PLEASE INCLUDE STREET, CITY, STATE AND ZIP CODE)

6. REFERENCE PHONE NUMBER

7. REFERENCE EMAIL ADDRESS

APPLICANT RIGHTS WAIVER

Note: The following must be completed and signed (with original signature) by the applicant before forwarding this form to the reference.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, the applicant, if admitted and enrolled, will be entitled to access the information provided on this form unless the applicant waives their right to review this reference.

8. RIGHTS WAIVER (PLEASE CHECK ONE)

I WAIVE MY RIGHT TO REVIEW THIS REFERENCE.

I DO NOT WAIVE MY RIGHT TO REVIEW THIS REFERENCE.

In accordance with the Family Educational Rights and Privacy Act of 1974, I give permission to release confidential information for the purpose of application to the CSULB Bachelor of Arts in Social Work Program.

9. APPLICANT SIGNATURE AND DATE (ORIGINAL SIGNATURE REQUIRED, NO ELECTRONIC SIGNATURES ACCEPTED)

SECTION TWO: INSTRUCTIONS TO THE REFERENCE

The above-named individual has applied for admission to the Bachelor of Arts in Social Work Program at California State University, Long Beach. Your assessment of the applicant will assist the Admissions Committee. This form is required, but you are welcome to include a letter in addition to this form. Please complete both pages and place the completed form in a sealed envelope, sign your name across the sealed flap, and return the sealed envelope to the applicant for submission to the CSULB School of Social Work.

1. HOW LONG AND IN WHAT CONNECTION HAVE YOU KNOWN THE APPLICANT?

2. LIST SKILLS THAT DEMONSTRATE THE APPLICANT'S POTENTIAL IN THE SOCIAL WORK PROFESSION.

3. LIST AREAS THAT NEED DEVELOPMENT AND/OR CHARACTERISTICS THAT MAY HINDER THE APPLICANT'S EFFECTIVENESS AS A SOCIAL WORKER.

REFERENT RECOMMENDATION

4. PLEASE INDICATE YOUR OVERALL RECOMMENDATION BY CHECKING THE APPROPRIATE BOX.

I HIGHLY RECOMMEND THE APPLICANT FOR YOUR PROGRAM WITHOUT RESERVATION AS AN EXCELLENT PROSPECT.

I RECOMMEND THE APPLICANT AS A GOOD PROSPECT.

I HAVE SOME RESERVATIONS, BUT THINK THE APPLICANT SHOULD BE GIVEN A CHANCE TO PROVE THEMSELVES.

PLEASE CONTACT ME:

I THINK THE APPLICANT IS NOT SUITED FOR YOUR PROGRAM.

PLEASE CONTACT ME:

5. REFERENT SIGNATURE AND DATE (ORIGINAL SIGNATURE REQUIRED, NO ELECTRONIC SIGNATURES ACCEPTED)

REFERENCE FORM DELIVERY INSTRUCTIONS

Please give this Reference Form to the applicant in a sealed envelope with your signature across the seal. Feel free to make further comments on additional sheets and attach to this form.

California State University, Long Beach
School of Social Work – Admissions Office
1250 Bellflower Blvd.
Long Beach, CA 90840-4602

California State University, Long Beach provides equal opportunity in education without regard to race, color, national origin, sex, gender, sexual orientation or disability in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, and Section 604 of the Vocational Rehabilitation Act of 1973.