

REQUEST FOR REFERENCE

(Must be instructor or supervisor and must be noted in Reference Form List)

Applicant: _____

To Applicant: Please check one of the following statements

- I retain the right to see any material sent by this reference, if I so desire.
- I waive my right to see any material sent by this reference.
- I give Angelo State University permission to discuss my prior academic and educational performance with any of the references listed below in accordance with FERPA.

To Applicant: Please mail reference form directly to your references.

To Reference: The above named individual has applied to Angelo State University for admission into the Master of Social Work program. Your willingness to provide this reference for this applicant is greatly appreciated.

Please be sure to fill out the form completely, sign the back page, date it and return it to:

Department of Social Work
 Angelo State University
 ASU Station #11043
 San Angelo, Texas 76909-1043

Reference List Form

Please complete the reference list form and submit to the MSW Admission Office. References must be completed by a faculty member or a field supervisor/employment supervisor and cannot be from a family member, friend, or co-worker.

1. _____

Full Name	Capacity in which known
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University/Firm/Agency

Street or P.O. Box	City	State	Zip Code
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E-mail address	Phone number
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2. _____

Full Name Capacity in which known

University/Firm/Agency

Street or P.O. Box City State Zip Code

E-mail address Phone number

3. _____

Full Name Capacity in which known

University/Firm/Agency

Street or P.O. Box City State Zip Code

E-mail address Phone number