

**EASTERN MICHIGAN  
UNIVERSITY**

**Master of Social Work Program  
Recommendation Form**

Master of Social Work

**MSW**

**To be completed by applicant:**

\_\_\_\_\_  
Applicant's name (print or type)

\_\_\_\_\_  
S.S. #/Student ID

**Read and sign below**

Under provisions of Public Law 93-310, the Family Educational Rights and Privacy Act of 1974, and under University guidelines pursuant to that Act, a student (defined as any person who has been officially admitted and registered at Eastern Michigan University) has the right to review recommendations made in his/her behalf unless the student waives the right at the time the recommendation is solicited.

As an applicant to the Master of Social Work program at Eastern Michigan University, I understand that I have the right to review my recommendations if I choose to do so. I also understand that if I waive the right to review the letters, they will be considered confidential and not accessible by me.

I waive the right to review my letters of  
recommendation

I do not waive the right to review my letters of  
recommendation

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**To be completed by recommender:**

\_\_\_\_\_  
Recommender's name

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Recommender's employer

\_\_\_\_\_  
Highest degree earned

\_\_\_\_\_  
Employment address

\_\_\_\_\_  
Title in current position

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

(\_\_\_\_\_)\_\_\_\_\_  
Daytime phone number

