

**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

