

Masters of Social Work Degree

Application Package – Reference Form

Name of Applicant _____

Name of Reference _____

Organization _____

Position _____

Telephone _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

On a separate page, please respond to the following:

1. Please describe those skills that you believe the applicant possesses that will assist them in successfully completing a social work education program. (For example, you may describe the applicant's skill level in such areas as interpersonal communication, writing, and time management)
2. Please describe in what ways you believe that the applicant is suited to the profession of social work.
3. Please comment, as applicable, upon the applicant's past or potential contributions to social work practice with Indigenous peoples.

Date: _____

Signature of person completing this form: _____

Please forward this reference to:

Registrar's Office
University n Blue Quills
Box 279
St. Paul, Alberta T0A 3A0

Fax: 780-645-4730
Telephone: 645-4455 or 1-888-645-4455