

UH Graduate College of Social Work
Attn: Admissions Office
110HA Social Work Building
University of Houston
Houston, Texas 77204-4013

Applicant's Name: _____

Applicant's Email: _____

Applicant's Phone Number: _____

RECOMMENDATION FORM – PH.D. PROGRAM

TO THE APPLICANT: This form is to be given to professors or social work professionals who are able to evaluate your qualifications for doctoral study in social work. Please note that two (2) of these recommendation letters must be submitted by current and/or former tenure track graduate level professors with a doctorate degree. For the convenience of the person completing this form, you should provide a stamped envelope addressed to the Graduate College of Social Work (address listed above).

Under the Family Educational Rights Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to review this recommendation, or you may decline to do so. If you waive your right to review your recommendation forms, these evaluations will be considered confidential by the University of Houston and **will not be available** for your inspection should you be accepted for admission to the Ph.D. Program. **Please mark the appropriate statement below, indicating your choice of option, and sign your name.**

_____ I waive my right to review this recommendation.

_____ I do not waive my right to review this recommendation.

Applicant's Signature (REQUIRED) _____

Date: _____ Name (PRINT): _____

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TO THE PERSON PROVIDING THE RECOMMENDATION LETTER: You have been asked to provide a recommendation letter of reference for the above named applicant to the Graduate College of Social Work, Ph.D. Program. To help the **Ph.D.** Admissions Committee make an informed decision about this applicant, please answer the question below and address in your letter the applicant's ability for success in a research oriented Ph.D. Program in social work. Your comments will be confidential if the applicant has waived rights of review.

HOW LONG AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

Signature of Evaluator:

Position and Title:

Address:

Phone:

City/State/Zip:

Date: