



**LETTER OF
RECOMMENDATION**

GRADUATE COLLEGE

Applicant's Name

Current Address

Graduate Program Title

Graduate Program Address

(M/C) _____ (enter program mail code listed on back of instruction page)

Box _____ (enter program box number listed on back of instruction page)

Chicago, Illinois 60680

I waive the right to inspect this confidential recommendation when it becomes a part of my file at the University of Illinois at Chicago. I understand that according to the Family Educational Rights and Privacy Act of 1974 this waiver is optional.

Signature

Directions to the Recommender

The person named above is applying for admission to a graduate degree program or financial assistance at the University of Illinois at Chicago. You have been selected by the applicant to submit your comments on the applicant's qualifications.

The information supplied on this form will be used to assess the applicant's qualifications for admission and financial assistance. Your comments will be held completely confidential if the applicant has signed the statement above. Formal letters may be attached if more detailed comments are appropriate. Please enclose this form in the envelope addressed to the applicant, sign your name across the envelope seal, and send to the applicant. If you prefer, you may send this form directly to the graduate program listed above. Thank you for your cooperation and assistance.

Please complete the rating grid by evaluating the applicant in relation to other candidates you have known in a similar capacity.

	Exceptional	Outstanding	Above Average	Average	Below Average	No Opinion
Motivations for Graduate Study						
Conceptual Ability						
Analytical Ability						
Initiative and Potential for Research						
Integrity						
Ability to Work with Others						
Effectiveness in Speaking						
Effectiveness in Writing						

