

GRADUATE COLLEGE LETTER OF RECOMMENDATION FORM

Applicant's Name _____
Last First Middle
Phone _____ **Email** _____

Graduate Program Name/Dept. _____
Mailing Address M/C _____ (enter program mail code listed at <http://grad.uic.edu/cms/?pid=1000200>)
Street Address _____
Chicago, IL 606 _____

I understand that, pursuant to the Family Educational Rights and Privacy Act of 1974, as amended (hereinafter FERPA), the University cannot disclose personally identifiable information, contained in my education records without written consent. I hereby authorize _____ to release relevant information from my education records (e.g., grades, GPA, class rank) to the Graduate College for the purpose of completing this letter of recommendation.

Further, I understand that I may, though am not required to waive my rights to inspect this letter of recommendation. As such,

- I waive the right to inspect this confidential recommendation.
- I do not waive the right to inspect this confidential recommendation.

Signature

THIS PART TO BE COMPLETED BY THE RECOMMENDER

Recommender: The person named above is applying for admission to a graduate degree program and/or financial assistance at the University of Illinois at Chicago. We would appreciate your candid assessment of the applicant's suitability for study in the named field, including background, quality of previous work and promise of productive scholarship. **Please attach this completed form to your letter of recommendation and return it in a signed, sealed envelope to the program at the address provided above. DO NOT SEND THE RECOMMENDATION TO THE GRADUATE COLLEGE DIRECTLY.**

How long have you known the student and in what capacity? _____

Of the ____ students I have known at the same level over the past _____ years I would rank this student in the top ____ percent.

Recommender's Name: (please print) _____

Title: _____

School or organization: _____

Business Address: _____

Signature: _____ Date: _____