



LETTER OF
RECOMMENDATION

GRADUATE COLLEGE

Applicant's Name

Current Address

Graduate Program Title Graduate Program in Neuroscience

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 of applicant (optional)

Directions to the Recommender The person named above is applying for admission to the Graduate Program in Neuroscience as well as for financial assistance at the University of Illinois at Chicago. You have been selected by the applicant to submit your recommendation. Please note how long you have known the applicant, the circumstances of your relationship to the applicant and the reference group you use to evaluate the applicant. In your letter, you may consider the following qualifications:

Motivation for Graduate Study
Conceptual and Analytical Ability
Initiative and Potential for Research
Integrity
Ability to Work with Others
Effectiveness in Speaking and Writing

Please address your letter of recommendation to:

James R. Unnerstall, Ph.D.
Director of Graduate Studies
Graduate Program in Neuroscience (MC 526)
University of Illinois at Chicago
840 S. Wood Street
Chicago, Illinois 60612-4325

Phone: 312-996-7370

Please include this form with your letter.
