

UIC Letter of Recommendation

2007-2008 application cycle

Physical Therapy Admissions (M/C 516)
University of Illinois at Chicago
1919 W. Taylor, Chicago, Illinois 60612 – 7251

Applicant

| | | | - | | - | | | | |

Last Name _____ First _____ Middle _____ Former _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Release of access to this letter of recommendation:

The applicant must complete and sign the following before submitting this form to the recommender. This request is in compliance with federal law P.L. 9380, Family Educational Rights and Privacy Act of 1974.

- I waive my right of access to this letter of recommendation.
- I do not waive my right of access to this letter of recommendation.

Signature of applicant _____ Date _____

Letters of recommendation are destroyed at the completion of each application processing period in compliance with the Office of Admissions and Records' nonessential documents retention and destruction policy.

Recommender

Name _____

Address _____

How long and under what circumstances have you known the applicant (teacher, adviser, employer, etc.)?

Signature _____ Date _____

Use a separate sheet to write your letter of recommendation. The letter of recommendation should attest to the character, personal qualities or life experiences that make the applicant suitable for a career in physical therapy. Please be sure to include the full name of the applicant in your letter and to sign and date your letter.

Include this form with your letter of recommendation in the envelope provided by the applicant, place your signature across the seal, and send the envelope to the applicant to include in his or her application packet. The applicant must submit a complete packet by November 15th.