



Letter of Recommendation Form 2012

Guaranteed Professional Program Admissions

Name of Student _____

Date of Birth

Month		Day		Year			

High School _____

GPPA Program _____

The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

- I waive my right of access to the letter of recommendation submitted on my behalf.
- I do not waive my right of access to the letter of recommendation submitted on my behalf.

Signature _____ Date _____

Name of Recommender _____ Title _____
Please print or type

How long have you known this student? _____ In what capacity? _____

The recommendation you provide is an important factor in the admission of students to the GPPA program and will be given careful consideration. Please check the degree to which the nominee most closely displays each of the following characteristics:

- | | | | | | |
|-----------------------------|--------------------------------------|------------------------------------|--|----------------------------------|--|
| Academic ability | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average |
| Motivation | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average |
| Intellectual curiosity | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average |
| Maturity | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average |
| Responsibility | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average |
| Written expression of ideas | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average |
| Research aptitude | <input type="checkbox"/> Outstanding | <input type="checkbox"/> Excellent | <input type="checkbox"/> Above average | <input type="checkbox"/> Average | <input type="checkbox"/> Below average |

Signature _____ Date _____

On the back of this page or on a separate page, please provide, using specific examples where possible, evidence of this student's particular intellectual strengths and weaknesses. What distinguishes this student? Please print or type your response.

Please enclose this form in an envelope, seal, sign over the seal, and return to the applicant. The applicant is responsible for submitting this with his/her application packet by the following postmark deadlines: December 1, 2011 for Medicine, January 15, 2012 for all other programs. Letters of Recommendation will not be accepted beyond the deadline – exceptions will not be made

For GPPA applicants, please send letters to:
 Special Programs Unit (MC 018)
 Office of Admissions & Records
 Box 6020
 Chicago, IL 60680-6020

For Honors College Only applicants, please send letters to:
 UIC Honors College (MC 204)
 103 Burnham Hall
 828 South Halsted Street
 Chicago, IL 60607