Letter of Recommendation Cover Sheet for Doctoral Programs

I. ***Instructions to the applicant:*** You must provide all information requested in Section I and give the completed form to the person making the recommendation. He/she completes Section II and returns this form and the letter of recommendation directly to you in a sealed envelope with his or her signature across the seal. Please type or print legibly.

Name of Applicant: _____
First Middle Last

Current Address: _____

_____
City State Zip Code Country

Please indicate the program to which you are applying:

☐ Curriculum Design ☐ Special Education ☐ Literacy, Language & Culture

☐ Educational Psychology ☐ Policy Studies in Urban Education

☐ Ed.D. in Urban Education Leadership **Term of application**: _____
(e.g.: Fall 2005 or Summer 2005)

Under the provisions of the Family Educational Rights and Privacy Act of 1974, and if you are admitted and enrolled, you will have access to the information provided in letters of recommendation unless you have waived such access. Please sign and date below to inform us of your decision. Your choice will not affect your eligibility for admission.

I hereby **waive** my rights of access to the letter of recommendation prepared in response to this request

OR

I **do not waive** my rights of access to the letter of recommendation prepared in response to this request

_____ _____
Signature of applicant Date Signature of applicant Date

If section is not completed, applicant automatically waives his/her right to access.

II. *Instructions to the Recommender:*

The person named on the top of this form is applying for admission to a doctoral program in the College of Education at the University of Illinois at Chicago. You have been selected by the applicant to submit your comments on his/her qualifications. Please provide your insights into and knowledge of the applicant's academic qualifications and ability to complete advanced graduate level work. The ability to participate in research activities and course work and previous research experience are of special assistance in the recommendation. All letters of recommendation become the property of the College of Education, University of Illinois at Chicago.

Once you complete the recommendation and the lower portion of this form, both should be placed in a sealed envelope with your signature across the seal and returned to the APPLICANT. The College of Education will not accept faxes or emails of recommendation letters.

Name: _____

Title _____

Institution: _____

Daytime Phone Number: _____

Signature: _____