



5500 NORTH ST. LOUIS AVENUE  
CHICAGO, ILLINOIS 60625-4699

Graduate College

LETTER OF RECOMMENDATION  
TO SUPPLEMENT  
APPLICATION FOR ADMISSION

Please enclose the completed form in an envelope, seal, sign, and return it to the candidate for submission to the Graduate College. Thank you for your cooperation.

**This section to be completed by the applicant before form is given to the recommender.**

Name of Applicant \_\_\_\_\_ Soc Sec No.\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Degree sought \_\_\_\_\_ Program \_\_\_\_\_

I voluntarily waive my right of access to this recommendation under the Family Educational Rights and Privacy Act, as amended (Public Law 93-568) so that it may be kept confidential.

\_\_\_\_\_  
Signature of the applicant

The Graduate College appreciates your cooperation in completing the recommendation letter on behalf of the applicant for admission to the graduate program stated above.

Please rate the applicant. Compare with others with similar experience and position.  
If you prefer an attached letter may substitute for the grid below.

**Applicant's promise as a graduate student**

	Upper 5% Exceptional	Upper 10% Outstanding	Upper 25% Good	Upper 50% Average	Lower 50% Below Average	No basis for judgement
Intellectual Achievement / Academic Potential						
Capacity for Analytical / Conceptual Thinking						
Oral Communication Skills						
Written Communication Skills						
Ability to work with others						
Motivation / Emotional Maturity						
Initiative / Creativity / Imagination						

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\* Your Social Security Number at the point of application is optional. However, the Graduate College can better serve you in a more efficient manner if your Social Security Number is provided. If we receive your Social Security Number on any other documents related to your application, admission, or enrollment, your record will be changed to reflect it.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Please sign and date both sides of this form.

Context in which I have known the Applicant \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

How do you recommend this applicant for graduate study?

I Strongly Recommend    I Recommend    I Recommend with reservations    I Do not Recommend.

In addition, please write a statement below indicating your opinion of the applicant's strengths and limitations for success in a Master's degree program. Use additional sheets if necessary.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

Address \_\_\_\_\_

Please sign and date both sides of this form.