

LETTER OF RECOMMENDATION FORM

Applicant's Name: _____

Last

First

Middle

Phone _____

Email _____

I understand that, pursuant to the Family Educational Rights and Privacy Act of 1974, as amended (hereinafter FERPA), the University cannot disclose personally identifiable information, contained in my education records without written consent. I hereby authorize _____ to release relevant information from my education records (e.g., grades, GPA, class rank) to the Graduate College for the purpose of completing this letter of recommendation.

Further, I understand that I may, though am not required to waive my rights to inspect this letter of recommendation. As such,

- I waive the right to inspect this confidential recommendation.
 I do not waive the right to inspect this confidential recommendation.

Applicant Signature

THIS PART TO BE COMPLETED BY THE RECOMMENDER

Recommender: The person named above is applying for admission to a graduate degree program and/or financial assistance at the University of Illinois at Chicago. We would appreciate your candid assessment of the applicant's suitability for study in the named field, including background, quality of previous work and promise of productive scholarship. Please attach this completed form to your letter of recommendation and return it in a signed, sealed envelope to:

Department of Mathematics, Statistics, and Computer Science
851 S. Morgan St. (MC 249)
Chicago, IL 60607

How long have you known the student and in what capacity? _____

Of the ___ students I have known at the same level over the past _____ years I would rank this student in the top ___ percent.

Recommender's Name (please print): _____

Title: _____

Business Address: _____

Signature: _____ Date: _____