

School for Advanced Learning 190 Prospect Avenue Elmhurst, Illinois 60126-3296

630.617.3030 telephone 800.581.4723 toll free 630.617.6471 fax gradadm@elmhurst.edu e-mail

Directions:

COMMENDATION

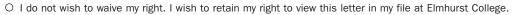
Three (3) letters of recommendation are required as part of the application for admission to graduate study at Elmhurst College. Please request your recommendations from professors or administrators at your undergraduate school or from current or previous supervisors from your most recent professional work experience.

Part A: To be completed by applicant

| name | | social security number | |
|------------------|----------------|------------------------|-----|
| | | | |
| address | city | state | zip |
| | | | |
| telephone (home) | e-mail address | | |
| | | | |

graduate program

O I waive the right provided by the Family Rights to Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at Elmhurst College.



| signature of applicant | date |
|------------------------|------|

Part B: To be completed by recommender

Please rate the applicant on the following qualities: Excellent Above Average Average Fair Poor Oral Communication Skills Written Communication Skills Academic Ability Works Well With Teams Critical Thinking Skills Professional Promise

Please submit any additional comments (on the back or on a separate sheet) regarding your relationship to the applicant, your knowledge of the applicant's personal qualities, motivation and ability to be successful in graduate study, strengths and weaknesses, and what unique features you feel the applicant will bring to the graduate program at Elmhurst College.

Return this recommendation to the applicant in the envelope provided, sealed and signed across the envelope flap.

| recommender signature | |
|-----------------------|--|
|-----------------------|--|

title/school/company

telephone number

date