

LETTER OF RECOMMENDATION



*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:

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			

- ☐ 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.
- ☐ I do not wish to waive my right. I wish to retain my right to view this letter in my file at Elmhurst College.

signature of applicant	date
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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	date
title/school/company	
telephone number	e-mail address