

LETTER OF RECOMMENDATION COVER FORM

*Department of Chemistry, M/C 111
University of Illinois at Chicago
845 W. Taylor Street, Rm. 4500 SES
Chicago, IL 60607-7061*

Applicant Name _____

Applicant Address _____

I waive the right to inspect this confidential recommendation when it becomes a part of my file in the Department of Chemistry at the University of Illinois at Chicago. I understand that according to the Family Educational Rights and Privacy Act of 1974 this waiver is optional.

Signature of Applicant

Directions to the Recommender

The person named above is applying for admission to the graduate degree program of the Department of Chemistry at the University of Illinois at Chicago. You have been selected by the applicant to submit this form with a letter of recommendation which discusses the applicant's academic background and potential for the successful completion of a graduate degree in our department.

The information supplied in your letter will be used to assess the applicant's qualifications for admission and financial assistance. Your comments will be held in strict confidence if the applicant has agreed to the above statement by signing his or her name. Please enclose this form with your letter of recommendation, sign your name across the envelope seal, and send it directly to the Graduate Coordinator of the Department of Chemistry at the address shown at the top of this page. Thank you for your cooperation and assistance.

Recommender's Name *Title*

College/Organization

Business Address

City, State, Zip Code

Signature *Date*