



## Faculty Recommendation Form Chicago Center

\*Faculty Recommendation forms must be completed by a faculty member you have studied with, preferably someone from the institution you now attend.

Name of Student \_\_\_\_\_

Please circle the Chicago Center Program of Study you are applying for and what year:

Urban Academic Practicum: January Term May Post Term Summer Session Fall Semester Spring Semester

Urban Social Work Practicum: Fall Semester Spring Semester Summer Session

Urban Teaching Practicum: Fall Semester Spring Semester Summer Session

Year: 20\_\_\_\_\_

**Student waiver statement:** in accordance with the "Family Educational Rights and Privacy Act of 1974," Chicago Center recognizes that students enrolled in its Programs have the right to inspect and review all materials in their files unless they sign the following statement:

I understand my right under the provisions of PL 93-380.513 to inspect letters of recommendation on my behalf. In order to encourage authors of letter about me to write with candor, I have elected not to exercise my rights under the aforesaid statute and affirm that I shall not do so in the future.

This waiver will remain in effect until I notify, in writing, the Chicago Center, at which time this document will be removed from my file and returned to the author, or until the Chicago Center destroys this recommendation.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
The above student has applied for admission to the Chicago Center. Such study places unusual demands on the student, requiring a greater degree of capability and of concentration than is usually the case on campus. If the student has signed the release above, your comments will not be made available to the student.

This form will be used to 1. Assess the student's capability and 2. Assist in the placement or internship interviewing process.

Name & Title of person completing this form (please print):

\_\_\_\_\_  
How long and in what capacity have you known the applicant?

**Please rank the applicant on the following traits:**

	Below average	average	Above average	Excellent	N/A
Academic ability Comment:	1	2	3	4	N/A
Adaptability Comment:	1	2	3	4	N/A
Articulateness Comment:	1	2	3	4	N/A
Ability to get along with others Comment:	1	2	3	4	N/A
Emotional Stability Comment:	1	2	3	4	N/A
Intellectual curiosity Comment:	1	2	3	4	N/A
Self-reliance/Initiative Comment:	1	2	3	4	N/A
Sensitivity to other cultures/identities Comment:	1	2	3	4	N/A

Comment as specifically as you can on the applicant's preparation for an off-campus program.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you! Please return completed form to Lane Chesebro, Director of Admissions and Student Affairs,  
Chicago Center, as soon as possible.  
Fax 773.363.1150 or mail to 1515 East 52<sup>nd</sup> Place, Suite 210, Chicago, IL 60615.