



Personal Recommendation Form

Please have this recommendation completed by your resident assistant, an employer, volunteer coordinator, coach or professor.

Name of student requesting evaluation _____

Name and title of evaluator _____

Program and term for which you are applying: (Circle One)

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 _____

I am applying for the program(s) checked above and will appreciate your taking the time to complete this form.

____ I hereby waive my right to review this recommendation sent by you on my behalf for the above purpose.

____ I decline to waive my right to review this recommendation or a letter sent by you in my behalf for the above purpose.

Your early attention to this request is sincerely appreciated.

Date of submission

Signature of student

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

How would you assess the applicant's maturity and emotional stability?

This experiential academic program often challenges a student's adaptability to new cultures, cooperative living, and self-directed learning. How well would you expect the applicant to adapt to the opportunities and responsibilities of studying and living in an urban setting?

Please provide any comments you would like to make regarding this applicant. Feel free to attach a letter if this form does not give you enough room.

Name (please print)

Title (and Department, if on campus)

Signature

Date

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 52nd Place, Suite 210, Chicago, IL 60615.

Thank you!