



C O L L E G E C H I C A G O

INNOVATION IN THE VISUAL, PERFORMING, MEDIA AND COMMUNICATION ARTS



# letter of recommendation cover sheet

**To the Applicant:**

Complete the information requested below and give this form to your recommender for him/her to complete and attach to his/her written letter. Keep in mind that the best recommendations are from a combination of academic and professional sources and offer as many details as possible to help the Admissions Committee get to know you better. Your recommender may either return the recommendation to you in a sealed and signed envelope for you to include with your application, or he/she may forward the letter directly to the Director of Graduate Admissions at the Graduate Office address provided below.

**Applicant Name:**

Last: \_\_\_\_\_  Mr.  Ms.  Other: \_\_\_\_\_  
 First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Proposed Program of Study:**

Name of Graduate Department	Name of Program within Department (if applicable)	Degree Sought	Number of Credit Hours Required for Degree

**Proposed Term:**  Fall Semester, Year: \_\_\_\_\_  Spring Semester, Year: \_\_\_\_\_

**Privacy Information:**

In accordance with the provisions the Federal Education and Privacy Act of 1974 (Buckley Amendment), enrolled students have a right to see their letters of recommendation unless they explicitly waive that right. It is entirely the student's decision whether or not to waive that right. However, understand that some appraisers may be more reserved and less candid if they believe the student will have full access to their recommendation. Please know that the Graduate Office also usually destroys the letters of recommendation after the final review and before the student matriculates at Columbia College Chicago. **(If you choose not to waive your rights, it is very important that this signed cover letter accompanies your recommendation. Otherwise, the Graduate Office assumes you have waived your rights.)**

*Please check the box and sign and date this document.*

I waive my right of access to this recommendation and any related supplemental evaluation.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To the Recommender:**

The individual named above is applying to Graduate Program at Columbia College Chicago. Two letters of recommendation are required from each of our applicants and are a very important part of our evaluation process. Please complete and sign this cover sheet and attach it to your written recommendation. We recognize that in many instances, you may not be able to speak directly to the applicant's ability to succeed in the particular graduate field they have chosen. In such an instance, we would appreciate whatever information you might be able to provide regarding the applicant's strengths and weaknesses (academically and otherwise), skill sets, and maturity and discipline levels as they relate to the student's readiness for graduate-level work. Any additional information you may regard as pertinent would be helpful as well. Thank you in advance for your assistance.

*\* Please note that if you are writing a recommendation for an applicant to one of our educational studies graduate programs, we also require each recommender to complete the Supplemental Educational Studies Evaluation form and attach it to the letter of recommendation.*

**Name of Recommender:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_ **Institution:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Number of years you have known the applicant and in what context (academic, professional, etc.): \_\_\_\_\_

**Recommender Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_