

Letter of Recommendation Cover Sheet
College of Education - M.Ed. Program

I. Instructions to the applicant:

This cover sheet must be completed and attached to each letter of recommendation that you are submitting to the College of Education for the purpose of admission to the University. Please provide all information requested in Section I.

Name of Applicant:

	First	Middle	Last
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Previous Name (if any):

Current Address:

City	State	Zip Code	Country (if not USA)
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Please enter the program to which you are applying:

(Please enter the program title as it appears in the list below.)

- Instructional Leadership – Elementary Education
- Instructional Leadership – Secondary Science Education- **Specialization Area** (enter Biology, Chemistry, Physics, Earth Science, or Environmental Science)
- Instructional Leadership - Educational Studies
- Instructional Leadership – Early Childhood – **Strand** (enter Strand 1 or Strand 2)
- Instructional Leadership – Literacy, Language and Culture – **Strand** (enter Strand 1, 2, or 3)
- Special Education – **Strand** (enter Strand 1, 2, or 3)
- Instructional Leadership – Policy Studies
- Measurement, Evaluation, Statistics, and Assessment (on-campus program)
- Measurement, Evaluation, Statistics, and Assessment (on-line program)
- Youth Development

Please enter the term for which you are applying: _____
(Fall , Spring , Summer)

Under the provisions of the Family Educational Rights and Privacy Act of 1974, and if you are admitted and enrolled, you will have access to the information provided in letters of recommendation unless you have waived such access. Please sign and date below to inform us of your decision. Your choice will not affect your eligibility for admission.

I hereby **waive** my rights of access
to the letter of recommendation
prepared in response to this request

OR

I **do not waive** my rights of access
to the letter of recommendation
prepared in response to this request

Signature of applicant Date

Signature of applicant Date

If section is not completed, applicant automatically waives his/her right to access.

Once you have read and completed this form, you should provide the writer of each letter of recommendation with the completed form. This form and the letter of recommendation should be mailed directly to the Student Services Office in the College of Education at the address listed on the reverse. If you would like to deliver the letters of recommendation to our office, please be sure that the letters are in a sealed envelope and that the writer has signed their name across the seal. The College of Education will not accept faxes of recommendation letters or copies of the letters, which were given to the applicant.

II. Recommender:

The above named person is applying for admission to a Master of Education program at the University of Illinois at Chicago. You have been selected by the applicant to submit your comments on the applicant's qualifications.

The information supplied on this form will be used to assess the applicant's qualifications for admission. Under the provisions of the Family Educational and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to your comments unless he/she has waived such access. **Please attach a letter with specific comments** on the applicant's strengths and limitations for graduate study. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement are particularly helpful. Several paragraphs will be more useful to the admission committee than one or two sentences. You may send the cover letter and the letter of recommendation to the applicant or send it directly to the College of Education at the address below. In either situation, please make sure the envelope is sealed and that you have signed it across the seal. If you have any questions or need further information, you may contact the Student Services Office at (312) 996-4536.

Thank you for your cooperation and assistance.

**M.Ed. Admissions Committee
Office of Student Services Room 3145 EPASW
College of Education (m/c 147)
University of Illinois at Chicago
1040 West Harrison
Chicago, Illinois 60607-7133**

Some questions/situations to consider when writing your recommendation:

1. Under what circumstances have you known the applicant?
2. How long have you known the applicant?
3. What do you consider the applicant's primary strengths and weaknesses and how do you feel these will affect the applicant's performance in graduate study?
4. How do you feel the applicant's primary strengths and weaknesses will contribute to the applicant's intended career in the _____ education field?

Name: _____ **Position:** _____

Institution: _____ **Phone Number:** _____

Signature: _____ **Date:** _____