University of Illinois at Urbana-Champaign Intensive English Institute Request for Letter of Recommendation on Language Proficiency

NOTE: The IEI will provide a letter of recommendation on language proficiency ONLY IF a university admissions officer, workplace supervisor, sponsor or other agent has requested it.

A STUDENT **MUST HAVE** A REQUEST FROM AN ADMISSIONS OFFICER, SUPERVISOR OR SPONSOR **IN WRITING**, IN ORDER TO RECEIVE A LETTER REGARDING LANGUAGE PROFICIENCY.

PLEASE ATTACH IT TO THIS FORM.

Date requested: Current Semester:			
Student Name:			
(Family Na	me / Surname)	("First" Name)	_
Local Address:		ZIP:	_
Local Phone:	Email:		
		ction were you in for that semester/those semesters? (ng of their first semester in the IEI.)	(Please note
address, email and/or fax numb NOTE: The IEI needs a minim	per to which the recommend um of 2 weeks (10 business	ecommendation about your language proficiency, as we dation should be sent, and the date by which the letter is days) to fulfill requests for recommendation letters. Al. If you need more than one letter, please fill out anoth	s needed. LSO NOTE: A
Reason for recommendation le	tter:		
Name and address to which let	ter will be sent:		
Email of person/agency to who	m letter will be sent:		
Fax number of person/agency	o whom letter will be sent:		
Date by which the letter is need	led:		
	on language proficiency proents. By signing below, I a	ovides a summary of IEI records of course grades, atter gree to grant permission to the IEI to release this inform	
Signature of the Student		Date	