



Applicants: Complete this section and give this form to a person acquainted with your education and abilities.



SSN (if applicable)

SSN input boxes

or

UIN (if applicable)

UIN input boxes

Date of Birth

Date of Birth input boxes

Applicant's Name

Last Name (Family) input box

First Name input box

Middle Name input box

Desired Term of Enrollment (choose one term and complete appropriate year)

- Radio buttons for Fall, Spring, Summer continuing into Fall, Summer only

Year input box (20)

Proposed Program (select from enclosed Program Listing)

Proposed Program input box

Field of Specialization

Field of Specialization input box

Program Code (e.g., 10KS0250MA)

Program Code input box

Proposed Program of Study Office Address

Office address input box

City: Champaign, Urbana; State: IL; Zip/Postal Code: 61820, 61801

In support of application for (fill in one oval): Admission, Admission and financial aid, Financial Aid

Indicate first, second, third choices for financial aid using the numerals 1, 2, and 3: Assistantship, Fellowship, Tuition waiver only

(Optional) I hereby waive whatever rights of access I may have to this confidential letter of reference as provided in the Family Educational Rights and Privacy Act.

Signature: \_\_\_\_\_

Date: MM/DD/YYYY

Reference Provider: to be completed by the person writing the reference. Please state below (or on a separate sheet) your opinion of the applicant's ability to carry on advanced study and research, teaching potential, and capacity to pursue a successful career in his or her field. Use the reverse side if necessary. Mail the form directly to the proposed program of study office specified above. If the applicant has signed above, confidentiality of this letter of reference is assured.

Reference Provider text area

Among approximately (no.) \_\_\_\_\_ of students I have known in comparable fields, I would rank this student in the upper \_\_\_\_\_ percent.

The comparison group is (e.g., undergraduates at UIUC): \_\_\_\_\_

Reference Provider Name (please print): \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Address of Reference Provider: \_\_\_\_\_

E-mail: \_\_\_\_\_

