Chicago Metropolitan Agency for Planning

Recommendation Form

Phillip D. Peters Regional Planning Fellowship Program

Phillip D. Peters Regional Planning Fellowship Program
c/o Chicago Metropolitan Agency for Planning
233 South Wacker Drive
Suite 800, Willis Tower
Chicago, Illinois 60606

Deadline for return of this form is February 15, 2013

Please type or print in ink.

To the applicant:

Name Social Security Number:

Give this form to the person recommending you. After completing this form, the recommender must insert it and the letter of recommendation into an envelope, seal it, and sign across the sealed flap to ensure confidentiality, and return it to you for mailing, unopened, to the Chicago Metropolitan Agency for Planning*. Sign on the line below if you wish to waive your right of access to the recommendation letter. If you do not sign, you will reserve your right of access after your selection into the Fellowship Program. Photocopy this page if you choose to request more than one recommendation. Please note that although more than one recommendation is welcome, application guidelines require one to initiate review.

I waive my right of access to this recommendation (including any accompanying comments or letter) as completed:

Signature Date

To the recommender:

The person whose name appears above is applying for the Phillip D. Peters Regional Planning Fellowship Program at the Chicago Metropolitan Agency for Planning. To assist the process, please write a detailed letter of recommendation that evaluates this applicant's qualifications and potential for the study and practice of planning or planning-related field. Please include information about the length of time you have known the applicant and in what connection (student, advisee, etc.) and against whom you are measuring the applicant (for example, your students, other applicants, etc.). Our admissions process does not base its decision solely on letter grades or grade point averages. In our attempt to evaluate unquantifiable factors, we will rely heavily on your candid and objective evaluation. Place this form and your letter of recommendation in a sealed envelope and give/mail it to the applicant before the deadline. The applicant's signature on this page indicates that the applicant has waived any right of access to the recommendation letter.

Your name

Organization Position/Title

Address City State or Country Zip Code

Signature of recommender Date

Thank you for completing this recommendation. Please return this form and your letter as soon as possible to the applicant.
You may begin your letter on the back of this form or attach additional pages.

*To integrate planning for transportation and land use, the Chicago Metropolitan Agency for Planning (CMAP) has been created by merging the staffs the Chicago Area Transportation Study (CATS) and the Northeastern Illinois Planning Commission (NIPC).