



# Chicago Metropolitan Agency for Planning

## Phillip D. Peters Regional Planning Fellowship Program-Recommendation Form

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

**please type or print.**

Applicant Name: \_\_\_\_\_

***Give this form to the person recommending you.*** After completing this form, the recommender must email this form along with the recommendation letter to Jenna Fulk at [hr@cmap.illinois.gov](mailto:hr@cmap.illinois.gov). 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.

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

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

Recommender Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Signature of recommender

Date

The person whose name appears to be above is applying for the Philips 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. Specific examples that demonstrate a candidate’s initiative, resourcefulness, work ethic, and/or teamwork skills are particularly helpful. Place this form and your letter of recommendation in a sealed envelope and give/mail it to the applicant before the deadline or you may email your recommendation to Yesenia Ambriz directly to [yambriz@cmap.illinois.gov](mailto:yambriz@cmap.illinois.gov). The applicant’s signature on this page indicates that the applicant has waived any right to access recommendation letter. Deadline for return of this form is March 12, 2023.

Thank you for completing this recommendation.