



# Recommendation Request Form Summer Eye Experience at the Chicago College of Optometry (SEE at CCO)

## Applicant Instructions

**Applicant:** \_\_\_\_\_  
Last Name First Name Middle Initial

Please complete the following information and furnish a copy of this form to your designated recommender. Once completed, they can return via email to:

Dr. John Gialousakis  
SEEatCCO@midwestern.edu

Waived recommendations are often of greater value in assessing an applicant's qualifications. Please read the statement below and indicate your preference.

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right to access this recommendation, but may choose to waive that right. My preference is noted below.

- I waive my right to inspect the content of the recommendation
- I do not waive my right to inspect the content of the recommendation

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Recommender Instructions

The person named above is applying for admission to our Pre-College Optometry program. In your remarks, we would appreciate your candid impressions of the applicant's ability, aptitude, and skills as they relate to a career in the health profession.

Please verify the following information, and complete **Part I and II** of this recommendation form and email directly to Dr. Gialousakis.

### Contact Information furnished by applicant:

Recommender's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### **Recommender: Please update your information as needed.**

Recommender's Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

How long have you know the applicant: \_\_\_\_ Years \_\_\_\_ Months

- In what capacity?  Teacher/Professor  Advisor/Counselor  
 Internship/Job Shadowing  Other (please specify): \_\_\_\_\_

## Recommendation Request Form

### Summer Eye Experience at the Chicago School of Optometry

**Applicant:** \_\_\_\_\_  
Last Name
First Name
Middle Initial

**Part I:** Please indicate your evaluation of the applicant with a mark in the appropriate fields.

	Below Average 1	Average 2	Good 3	Excellent 4	Superior 5	Not Observed
<b>Intellectual Ability</b>						
<b>Written Communication Skills</b>						
<b>Oral Communications Skills</b>						
<b>Organizational Skills</b>						
<b>Team Skills/ Collaboration</b>						
<b>Interpersonal Skills</b>						
<b>Maturity Level</b>						
<b>Integrity</b>						
<b>Receptiveness of Feedback</b>						
<b><u>Overall Evaluation</u></b>						

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part II: Letter of Recommendation

A personal recommendation is a valued and integral part of the admissions process. Please submit a letter of recommendation for the above named applicant.

- Comment on the applicant's motivation and suitability for this program.
- Consider the applicant's qualities in the grid above as well as integrity, ability to work with others, commitment, and cultural sensitivity.

**We are aware of the time and care necessary to prepare this evaluation and gratefully acknowledges your help. Your prompt response in submitting this form is essential to a timely decision. If you have any questions or concerns, please contact Dr. John Gialousakis at 630-960-3185 or by email at [SEEatCCO@midwestern.edu](mailto:SEEatCCO@midwestern.edu).**

**Thank you for your assistance!**