



# THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS

EDUCATION | TREATMENT | SERVICE

## **ADULT PSYCHOANALYTIC PSYCHOTHERAPY PROGRAM**

**THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS**  
**122 South Michigan Avenue**  
**Chicago, Illinois 60603**  
**(312)922-7474**

### **REQUEST FOR LETTER OF REFERENCE**

The Chicago Institute for Psychoanalysis has been given your name as a reference for this applicant to its Adult Psychoanalytic Psychotherapy Program. We would appreciate it if your letter of reference could cover the following points:

1. Your position when you knew the applicant
2. The nature of your relationship with the applicant
3. A comment on the quality of the applicant's participation in classes, conferences, etc.
4. A comment on the quality of the applicant's clinical work, if applicable
5. Your impression of this applicant's capacity to participate successfully in an adult psychoanalytic psychotherapy training program.

Thank you very much for providing this information.

Please mail or email your letter to:

Alison Chandler  
Director of Education Administration  
The Chicago Institute for Psychoanalysis  
122 South Michigan Avenue, Suite 1300  
Chicago, Illinois 60603  
[achandler@chicagoanalysis.org](mailto:achandler@chicagoanalysis.org)