



THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS

EDUCATION | TREATMENT | SERVICE

ADULT PSYCHOTHERAPY FELLOWSHIP PROGRAM
of the
INSTITUTE FOR PSYCHOANALYSIS
122 South Michigan Avenue
Chicago, Illinois 60603
(312)922-7474

REQUEST FOR LETTER OF REFERENCE

The Institute for Psychoanalysis has been given your name as a reference for this applicant to its Adult Psychotherapy Fellowship 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
5. Your impression of this applicant's capacity to participate successfully in an adult psychotherapy fellowship program

Thank you very much for providing this information.

Please mail or email your letter to:

Alison Chandler
Education Programs Coordinator
Institute for Psychoanalysis
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Chicago, Illinois 60603
achandler@chicagoanalysis.org