



CHICAGO  
PSYCHOANALYTIC  
INSTITUTE

**PSYCHOTHERAPY CLINIC FELLOWSHIP PROGRAM**

**REQUEST FOR LETTER OF REFERENCE**

The Chicago Psychoanalytic Institute has been given your name as a reference for this applicant to its Psychotherapy Clinic 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  
Director of Education Administration  
Chicago Psychoanalytic Institute  
122 South Michigan Avenue, Suite 1300  
Chicago, Illinois 60603  
[achandler@chicagoanalysis.org](mailto:achandler@chicagoanalysis.org)