



THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS

EDUCATION | TREATMENT | SERVICE

ADULT PSYCHOANALYTIC PSYCHOTHERAPY 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 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
5. Your impression of this applicant's capacity to participate successfully in a psychoanalytic psychotherapy training 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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achandler@chicagoanalysis.org