



CHICAGO
PSYCHOANALYTIC
INSTITUTE

**ADULT PSYCHOTHERAPY PROGRAM
REQUEST FOR LETTER OF REFERENCE**

The Chicago Psychoanalytic Institute has been given your name as a reference for this applicant to its Adult 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 psychotherapy training 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
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Chicago, Illinois 60603
achandler@chicagoanalysis.org