



THE CHICAGO INSTITUTE FOR PSYCHOANALYSIS

EDUCATION | TREATMENT | SERVICE

PSYCHOANALYTIC EDUCATION PROGRAM

CHICAGO INSTITUTE FOR PSYCHOANALYSIS

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Chicago, Illinois 60603

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chicagoanalysis.org

REQUEST FOR LETTER OF REFERENCE

The Chicago Institute for Psychoanalysis has been given your name as a reference for this applicant to its Psychoanalytic Education 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 training program.

Thank you very much for providing this information.

Please send or email your letter to:

Admissions Committee
c/o Alison Chandler
Chicago Institute for Psychoanalysis
122 South Michigan Avenue, Suite 1300
Chicago, IL 60603
achandler@chicagoanalysis.org