

UNIVERSITY OF ILLINOIS  
DEPARTMENT OF CHEMISTRY  
109 Noyes Lab  
505 S. Mathews Avenue  
Urbana, IL 61801

**LETTER OF REFERENCE**  
**For Teaching Position in the Department of Chemistry**

Name of Applicant (print) \_\_\_\_\_  
Last First MI

**Applicant:** You should sign the following if you wish to waive your right of access to this letter. This is optional. I hereby waive my rights of access to this confidential recommendation, as provided in the Family Educational Rights and Privacy Act enacted in 1974.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions to the writer:** Please state below your opinion of the applicant's ability to be a teaching assistant in the Dept of Chemistry.

Among approximately \_\_\_\_\_ students I have known in this field in recent years, I would rank this applicant in the upper \_\_\_\_\_ percent.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Institution \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ Position \_\_\_\_\_

**Send this form to us in any of the following ways:**

**Email** a pdf version of form to chem-ta-applications@illinois.edu

**Mail** the completed form to: Chemistry TAs, Box A-2, MC-712, 600 S, Mathews, Urbana, IL, 61801

**Bring** the completed form to 1026 Chemistry Annex