

College of DuPage

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excellence in both learning and teaching.

PARALEGAL STUDIES PROGRAM Reference Letter Form

To the Applicant for the Paralegal Studies Program:

Please fill out the top
portion of this form
and give it to the
individuals providing
your letters of
reference *Three (3)*
letters are required.

Name _____
Last Name First Name Middle Initial Previous or Other Surname(s)

Address _____
Number and Street

City State Zip

I request a Reference Letter from the individual identified below.

Applicant's Signature Date

To the Individual Providing the Reference Letter:

Thank you for your
willingness to write a
reference letter for the
applicant named above
who is applying to the
Paralegal Studies Program
at the College of DuPage.
Please fill in the
information requested. For
your reference letter,
please use letterhead
stationery with the name,
address and phone number
of your institution, place of
employment, or other
identifying information,
and sign and date your
letter. Your reference
letter should be based on
your knowledge of the
applicant gained through a
shared work (either paid or
unpaid) or classroom
experience, or a similar
experience involving
responsibility,
professionalism, and
integrity on the part of the
applicant.

Name _____

Address _____
Number and Street

City State Zip Phone

Email Address _____

In your letter, please give your personal assessment of the applicant's ability to succeed in the paralegal program at College of DuPage. Please attach this form to your letter.

How long have you known the applicant? _____

You may share my letter with applicant. (Check one) Yes No

The applicant may wish to include your reference letter in their print or e-portfolio. Please check the box to indicate whether you give your permission for your letter to be used in this way. (Check one) Yes No

Signature Date

Please email both your reference letter and this completed form to:

College of DuPage
Anne Knight, J.D.
Paralegal Studies Program Chair
Email: knigha@cod.edu