



PACIFICA

GRADUATE INSTITUTE

Letter of Recommendation Request Form

Licensing Programs: MA/PhD Depth Psychology Specializations: PhD Specialization, Myth, Humanities

<input type="checkbox"/> M.A. Counseling Psychology	<input type="checkbox"/> M.A./Ph.D. Depth Psychology Specialization: Community Psychology, Liberation Psychology, and Ecopsychology	<input type="checkbox"/> PhD Depth Psychology Specialization: Integrative Therapy & Healing Practices
<input type="checkbox"/> Ph.D. Clinical Psychology	<input type="checkbox"/> M.A./Ph.D. Depth Psychology Specialization: Jungian and Archetypal Studies	<input type="checkbox"/> M.A./Ph.D. Mythological Studies
<input type="checkbox"/> Psy.D. Clinical Psychology	<input type="checkbox"/> M.A./Ph.D. Depth Psychology Specialization: Somatic Studies	<input type="checkbox"/> M.A. in Engaged Humanities and The Creative Life

Applicant Name:	Date:
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WAIVER OF RIGHTS OF ACCESS:

For the sake of the confidentiality, we suggest that you sign the waiver confirming that you waive the right to access to this letter of recommendation under the Family Education Rights and Privacy Act of 1974.

Signature of Applicant:	Date:
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- TWO PARTS TO BE COMPLETED BY THE RECOMMENDER -

- Please complete this Letter of Recommendation Request Form and attach a Letter of Recommendation to provide us with your academic, professional, or personal impression of the applicant, including the context of your relationship.
- Please submit this **signed** recommendation form and letter (actual signature please, we cannot accept a type font) by: Email to jroberts@pacifica.edu, Fax to 805-879-7391, or mail (see address below), thank you.

	OUTSTANDING	EXCELLENT	GOOD	BELOW AVERAGE	UNABLE TO JUDGE
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imagination/ Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research & Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Readiness for Graduate Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Recommenders: Applicant Affiliation Academic Professional Personal Pacifica Alumni

Recommender's Name (Please Print):	Institution/Organization:
Position/ Title:	E-mail Address:
Address:	
Signature:	Date:

Yes, I would like to be on Pacifica's mailing list for Public Program information

Form and letter of recommendation can be mailed to:

Office of Admissions, Pacifica Graduate Institute, 249 Lambert Road, Carpinteria, California 93013

For further information, phone the Admissions Office at 805.969.3626, ext.305, or fax 805.879.7391 www.pacifica.edu

PACIFICA IS AN EQUAL OPPORTUNITY EDUCATIONAL INSTITUTION