



PACIFICA

GRADUATE INSTITUTE

Letter of Recommendation Request Form

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

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|-----------------|-------|
| Applicant Name: | Date: |
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WAIVER OF RIGHTS OF ACCESS:

I waive the right to access this letter of recommendation that I have under the Family Education Rights and Privacy Act of 1974.

- TO BE COMPLETED BY THE RECOMMENDER -

- | |
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| 1. Please complete this Letter of Recommendation Request Form and attach a SIGNED Letter of Recommendation |
| 2. Once complete, send both documents via email (applicant@pacifica.edu), fax (805-879-7391) or mail (address below) |

| | 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"/> |
| Psychology 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: |

Recommender: Send form and signed letter of recommendation

Or, mail to:

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