



# PACIFICA

GRADUATE INSTITUTE

## Letter of Recommendation Request Form

<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	

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 <b>SIGNED</b> Letter of Recommendation  |
| 2. Once complete, send both documents via email ( <a href="mailto:applicant@pacifica.edu">applicant@pacifica.edu</a> ), 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

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**