



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 Psych Community, Liberation, Indigenous & 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 Depth Psych & Creativity with Emphasis in the Arts and Humanities
<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 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

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