



# 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	<input type="checkbox"/> M.A./Ph.D. Psychology, Religion, and Consciousness

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 -

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															
Psychology Maturity															
Emotional Stability															
Interpersonal Skills															
Imagination/ Creativity															
Research & Writing Skills															
Readiness for Graduate Study															
Personal Character															

**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  
To: [applicant@pacifica.edu](mailto:applicant@pacifica.edu)