



## Letter of Recommendation Request Form

<input type="checkbox"/> MA/PhD Clinical Psychology	<input type="checkbox"/> MA/PhD Community, Liberation, Indigenous & Eco-Psychologies	<input type="checkbox"/> MA/PhD Mythological Studies
PsyD Counseling Psychology	<input type="checkbox"/> MA/PhD Jungian and Archetypal Studies	<input type="checkbox"/> MA Depth Psychology Arts & Humanities
<input type="checkbox"/> MA Counseling Psychology	<input type="checkbox"/> PhD Integrative Therapy and Healing Practices	<input type="checkbox"/> MA/PhD Psychology, Religion & Consciousness

Applicant Name:

Date:

**Waiver of Rights 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
2. Once complete, send via email [applicant@pacifica.edu](mailto:applicant@pacifica.edu)

	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:

**Please answer the following questions**

In what context do you know the applicant and for how long?

What makes this applicant stand out and a good fit for Pacifica Graduate Institute?

What are the applicants professional or academic capabilities?

How does the applicant perform in collaborative environments?