

Letter of Recommendation Instruction and Release Form

_____ has requested that you write a letter of recommendation for
their application to one of the following programs:

The Graduate School of Transpersonal Studies

- Doctor of Philosophy (Ph.D.) in Transpersonal Psychology
- Doctor of Philosophy in Psychology (Ph.D.) with a concentration in Transpersonal Psychology
(hybrid: face-to-face/online)
- Master of Arts in Transpersonal Psychology (hybrid: face-to-face/online)
- Master of Arts in Transpersonal Psychology (on-campus)
- Master of Arts in Women's Spirituality (hybrid: face-to-face/online)
- Certificate in Transpersonal Studies (hybrid: face-to-face/online)
- Certificate in Women's Spirituality (hybrid: face-to-face/online)

The Graduate School of Clinical and Spiritual Psychology

- Master of Arts in Counseling Psychology (on-campus or hybrid: face-to-face/online)
- Master of Arts in Spiritual Guidance (hybrid: face-to-face/online)
- Doctor of Psychology (Psy.D.) in Clinical Psychology (on-campus)

The School of Undergraduate Studies

- Bachelor of Arts in Psychology (hybrid: face-to-face/online)
- Bachelor of Arts in Liberal Arts (hybrid: face-to-face/online)

- Advanced Standing?

This section is to be filled out by the applicant:

I understand that this letter of recommendation will be used only for the purpose of admission, that I have the right to access to it, and that I may waive this right if I choose to do so.

- I hereby waive my right of access to this letter of recommendation
- I do not waive my right of access to this letter of recommendation

Signed _____

Email _____

Date _____

Phone _____

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Sofia University programs are designed to serve those students who seek inner growth and transformation, as well as sound academic training for their personal and professional lives. Please give your thoughtful and candid appraisal of this applicant. Personal examples are helpful. Please mail this recommendation to Sofia University within 7 days of receipt.

Please note: The applicant's file will not be reviewed until your letter is received.

The Family Education Right to Privacy Act of 1974 mandates that this recommendation be made available to the applicant at their request, provided the applicant has not waived the right to access.

Factors We Would Like You to Consider, if applicable:

(Please submit answers in the form of a letter)

In what capacity have you known the applicant?

Is the applicant capable of graduate level work?

Is the applicant emotionally mature and willing to grow?

Is the applicant committed to health and physical well-being?

Does the applicant have any spiritual interests and/or practices relevant to their studies?

What is your assessment of the applicant's professional abilities?

Does the applicant relate well in a group format?

Is the applicant capable of self-directed study?

If possible, please give examples of how the applicant accepts feedback.

Please add any additional information you wish and return this form with your letter.

We appreciate your contribution to the process.

Name, Position _____

Address _____

Phone _____ Email _____ Date _____

Please mail to: Admissions Office, Sofia University, 1069 E. Meadow Cir., Palo Alto, CA 94303