



Letter of Recommendation Instruction & Release Form

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

Residential Programs

- Psy.D. Clinical Psychology
- Ph.D. Transpersonal Psychology
- M.A. Transpersonal Psychology
- M.A. Counseling Psychology (evening)
- M.A. Counseling Psychology (daytime)

Residential Advanced Standing?

Low-Residency Programs

- M.A. Counseling Psychology
- M.A. Women's Spirituality
- M.A. Spiritual Guidance

Global Online Programs

- Ph.D. Psychology (Transpersonal concentration)
- Master of Transpersonal Psychology
- Certificate in Transpersonal Studies

Global Online Advanced Standing?

Global Master's Specializations

- Creativity & Innovation
- Transpersonal Health & Wellness
- Spiritual Psychology
- Transformational Life Coaching
- Undecided

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 _____

Phone _____

Email _____

Date _____



Instructions for the Letter of Recommendation

ITP 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 ITP 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 _____

Signed _____ Date _____

Please mail to:

Admissions Office
Institute of Transpersonal Psychology
1069 East Meadow Circle
Palo Alto, CA 94303