

PACIFICA GRADUATE INSTITUTE
INTERNSHIP ONLY ENROLLMENT FORM

Student Name: _____
please print

Track: _____

I would like to enroll in internship only for the following quarter(s) and year (s):

Fall_____	Year_____
Winter_____	Year_____
Spring_____	Year_____
Summer_____	Year_____

If you sign up for multiple quarters, your file and financial account will be reviewed each quarter for eligibility. A quarterly fee will be charged to your account.

Your internship site must be approved by the Director of Ph.D. Clinical Training.

Student signature: _____ Date: _____

Director of Ph.D. Clinical Training signature: _____ Date: _____

Registrar: _____ Date: _____

Business Office: _____ Date: _____

Cc: Financial Aid

Before submitting this form to the Registrar's Office, please be sure to obtain the signature of the Director of Ph.D. Clinical Training.

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