

Pacifica Graduate Institute

Internship Only Enrollment Form

Student Name _____ Track _____

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

Quarter of Enrollment:

____ Fall (10/1-12/31) ____ Winter (1/1-3/31) ____ Spring (4/1-6/30) ____ Summer (7/1-9/30)

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

Student Signature _____ Date _____

Director of Ph.D. Clinical Training Signature _____ Date _____

____ Approved Registrar's Signature _____ Date _____

____ Denied _____ Date _____

Business Office _____ Date _____

Separation Date _____