

Pacifica Graduate Institute

Traineeship Only Enrollment Form

Student Name _____ Track _____

I would like to enroll in traineeship 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 traineeship site must be approved by the Director of Clinical Training (Tracks MA-D and MA-L) or the Clinical Coordinator (Track MA-C). Before submitting this form to the Registrar's Office, please obtain the signature of Willow Young, Director of Clinical Training or Martha Feng, Clinical Coordinator.

Student Signature _____ Date _____

Director of Clinical Training Signature _____ Date _____

Or

Clinical Coordinator Signature _____ Date _____

_____ Approved Registrar's Signature _____ Date _____

_____ Denied _____ Date _____

Business Office _____ Date _____

Separation Date _____