

Pacifica Graduate Institute

TRAINEESHIP ONLY ENROLLMENT FORM

Student Name: _____
Please print

Track: _____

I would like to enroll 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.

Your internship or traineeship site must be approved by the Director of Clinical Training (MA-D and MA-L Tracks) or the Clinical Coordinator (MA-C Track).

Student signature: _____ Date: _____

Clinical Coordinator Date: _____

Director of Clinical Training 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 Willow Young, M.A., M.F.T., Director of Clinical Training (MA-D and MA-L Tracks) ext. 21, wyoung@pacifica.edu or Avrom Altman, M.A., M.F.T., L.P.C., Clinical Coordinator (MA-C Track) ext. 24, aaltman@pacifica.edu.