



STUDENT INFORMATION			
Student Name:		Date of Application:	
Telephone:		Track:	<input type="checkbox"/> A <input type="checkbox"/> O <input type="checkbox"/> B

APPLICATION INFORMATION

I, the undersigned, request enrollment in Clinical Training Only status for the following time period:

Enrollment Type

- Practicum Only (PMO)
 Internship Only (IO)*

Term

- Fall
(10/01-12/31)
 Winter
(01/01-03/31)
 Spring
(04/01-06/30)
 Summer
(07/01-09/30)

Year

Student files and financial accounts will be reviewed each quarter for eligibility. A quarterly fee will also apply.

PMO/IO status is not eligible for financial aid and may affect your repayment schedule.

All training sites must first be approved in writing by the Director of Clinical Training.

***Eligibility Requirements for Internship Status:**

Only students who have successfully completed all coursework and passed the Comprehensive Exam may enroll in Clinical Training Only status for Internship. Additional requirements may apply for eligibility for internship (see Clinical Training Manual).

Required Signatures:

_____ Student	_____ Date
_____ Director of Clinical Training	_____ Date
_____ Registrar's Office	_____ Date
_____ Separation Date	_____ PTL Date
_____ Student Accounts Office	_____ Date
Billing Applied	Yes <input type="checkbox"/> No <input type="checkbox"/>

Students: Return form to Clinical Training Office
WCopca@pacifica.edu or Fax: (805) 565-5796