



| 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 | Term | Year |
|--|--|-------|
| <input type="checkbox"/> Practicum Only (PMO) | <input type="checkbox"/> Fall (10/01-12/31) | _____ |
| <input type="checkbox"/> Internship Only (IO)* | <input type="checkbox"/> Winter (01/01-03/31) | _____ |
| | <input type="checkbox"/> Spring (04/01-06/30) | _____ |
| | <input type="checkbox"/> Summer (07/01-09/30) | _____ |

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 No

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