



STUDENT INFORMATION			
Student Name:		Date of Application:	
Telephone:		Track: OP	

APPLICATION INFORMATION			
<p>Submit form prior to the start of the quarter that you will be enrolled in internship. Please indicate the Enrollment Type, Term, and Year.</p>			
Enrollment Type: Internship	Term	Year	
<input type="checkbox"/> CY 980 - Pre-Doc Internship (3 Units each Quarter) Initial 3-quarter Internship enrollment (check all quarters that apply)	<input type="checkbox"/> Fall	_____	
<input type="checkbox"/> CY 980A - Pre-Doc Internship Extension (0 Units each Quarter) 4 th quarter into internship or later	<input type="checkbox"/> Winter	_____	
	<input type="checkbox"/> Spring	_____	
	<input type="checkbox"/> Summer	_____	
	*Quarter follows OP track dates		

<p>Student files and financial accounts will be reviewed each quarter for eligibility. A quarterly fee will apply. Students may apply for financial aid for the initial 3 quarter enrollment period.</p> <p>All training sites must first be approved in writing by the Director of Clinical Training.</p> <p>*Eligibility Requirements for Internship Status:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Successful completion of all coursework <input type="checkbox"/> Passed the Comprehensive Exam <input type="checkbox"/> Passed the Annual Assessment for Program Advancement <input type="checkbox"/> Completed Practicum Training <input type="checkbox"/> All three CRP Final Draft Approval Forms submitted by CRP chair <p><i>*Additional requirements may apply for eligibility for internship (see Clinical Training Manual).</i></p>	Required Signatures:	
	_____	_____
	Student	Date
	_____	_____
	Director of Clinical Training	Date
_____	_____	
Registrar	Date	
_____	_____	
Separation Date		
_____	_____	
CRP Final Draft Approval Date		