



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 select the Course, Term and enter the Year.</p>			
Enrollment Type: Internship	Term	Year	
<input type="checkbox"/> CY 980 - Pre-Doc Internship (3 Units each Quarter) Initial 3 consecutive quarter Internship enrollment (check first quarter of the 3 consecutive quarter enrollment)	<input type="checkbox"/> Fall _____ <input type="checkbox"/> Winter _____		
<input type="checkbox"/> CY 980A - Pre-Doc Internship Extension (0 Units each Quarter) 4 th quarter into internship or later	<input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____		
<p>Quarter follows OP track dates</p>			

<p>Student clinical 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>Internship Extension enrollment is not eligible for financial aid and may affect your repayment schedule.</p> <p>All training sites must first be approved in writing by the Director of Clinical Training. You must be enrolled to accrue hours.</p> <p>Eligibility Requirements for Internship Status:</p> <input type="checkbox"/> Successful completion of all coursework <input type="checkbox"/> Passed the Comprehensive Exam <input type="checkbox"/> Passed all Annual Assessments for Program Advancement <input type="checkbox"/> Completed Practicum Training (before internship start date) <input type="checkbox"/> Maintain Satisfactory Academic Progress <input type="checkbox"/> Registration occurs within Program Time Limit date	<p>Required Signatures:</p> <p>_____ Date</p> <p>Student</p> <p>_____ Date</p> <p>Director of Clinical Training</p> <p>_____ Date</p> <p>Registrar's Office</p> <p>_____ Date</p> <p>Student Accounts Office</p> <p>_____ Date</p> <p>_____ PTL date _____ Separation Date</p> <p>_____ Start Date of Internship (Accrual of Hours)</p> <p>Please return form to: WCopca@pacifica.edu</p>
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